

FILED JUN 30 1943 149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2731

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Menorah Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days (Specify whether
 In this community 15 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson
 (c) City or town Leeds
(If outside city or town limits, write "RURAL")
 (d) Street No. 3732 Bennington
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. James Edward Trudgen

MEDICAL CERTIFICATION

3. (b) If veteran, name war no
 3. (c) Social Security No. 487-09-35

20. DATE OF DEATH: Month June day 12th
50 year 1943 hour 5 minute 15 A. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced div.
 6. (b) Name of husband or wife Edith
 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased 2-19-1889
(Month) (Day) (Year)

21. I hereby certify that James Edward Trudgen attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>08</u>	<u>3</u>	<u>23</u>
				hr. _____ min.

Immediate cause of death Cerebral and pulmonary edema

9. Birthplace Canada
(City, town, or county) (State or foreign country)

Due to Early alcoholic amblyopia of the liver

10. Usual occupation Employee

Other Superficial laceration of the forehead
(Include pregnancy within 6 months of death)

11. Industry or business Oldsmobile Shell Plant

Major findings: See above
Of operations _____

12. Name Daniel Trudgen

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Young

15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jean Davis

(b) Address 3735 N. Blue

17. (a) Burial Brookings Cemetery
(Burial, cremation, or removal) (b) Date thereof 6-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director D. H. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-16-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

Of autopsy See above 1240

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work at home (Specify type of place)
 (e) Means of injury _____
 23. Signature James Edward Trudgen 6/15/43
(Date signed)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

361

Height - 5' 7"
wt - 155 lb
eyes - Blue
Hair - gray

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

K. C. McNeider Jr

Licensed Embalmer No.....

4043

P. O. Address.....

K. C. McNeider

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.