

Registration District No. 149 Primary Registration District No. 1002

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

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: KRESTWOODS CONVALESCENT HOME 42700 TRACY
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 1 DAY
(Specify whether years, months or days)
 In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON 48
 (c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 2016 LINWOOD BLVD. 8
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME MR. GEORGE WILLY DUDLEY
 (b) If veteran, name war No. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DEC day 12TH
 year 1943 hour 10 minute 40 P. M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MRS. WILLY DUDLEY
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased 3 9 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 2 1943 to Dec 12 1943
 that I last saw him alive on Dec 12 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	78	9	8	hr. min.

Immediate cause of death
 General Peritonitis
 Duration 3 yrs
 Due to Hypertension of Kidney 3 yrs
 Other conditions 520
(Include pregnancy within 3 months of death)

9. Birthplace Vermillion Ill. I
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Horse Buyer
 11. Industry or business K. C. Horse & Mule Co.
 12. Name Elsha DUDLEY
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Verna Williams 9
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Verda W. Dudley
 (b) Address 2016 Linwood
 17. (a) Burial (b) Date thereof 12-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill - Butler Mo
 18. (a) Signature of funeral director D. H. Newcomer's sons
 (b) Address 1401 BRUSH CREEK BLVD.
 19. (a) 12-16-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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? (Specify type of place) (e) Means of injury
 23. Signature M. J. Caselbert M.D. or other
 Address 4000 Baltimore Ave. 12-15-43

715 ~~Orange~~ ~~Body~~
6-7-30

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 *R. C. Mc...*

Licensed Embalmer No. 30430

P. O. Address R. C. Mc...

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.