

FILED FEB 10 1944

State File No. _____

364

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
3420 BENTON "CONVALESCENT HOME"
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 7/8 mo.
 (Specify whether
 In this community Unknown
 years, months or days)

8. (a) PRINT FULL NAME MALINDA JANE SUDDARTH8. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced, WIDOWED6. (b) Name of husband or wife THOMAS JEFFERSON SUDDARTH 6. (c) Age of husband or wife if alive 4 years7. Birth date of deceased JAN. 16 1860
(Month) (Day) (Year)8. AGE: Years 84 Months 0 Days 5 If less than one day hr. min.9. Birthplace LIBERTY Mo
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER
 { 12. Name JOHN E. DUBIN
 { 13. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)
 { 14. Maiden name UNKNOWN
 { 15. Birthplace "
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr. J. E. Morris(b) Address 2407 Norton, K. C., Mo.17. (a) Burial (b) Date thereof Jan 23 '44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Benton Mo.18. (a) Signature of funeral director E. H. Brown, Sauer(b) Address Benton, Mo.19. (a) Jan 22 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2407 NORTON
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 21
year 1944 hour 10 minute 30 P.M.21. I hereby certify that I attended the deceased from 1-20-44
1-21-44, 19____, to____, 19____;
that I last saw him alive on 1-21-44, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death INFLUENZA-PNEUMONIA DurationFAILURE OF COMPENSATION
Due to HEART 36HRDue to 33AOther conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 E. A. Shearn (M. D. or other)Address 1002 HAYL G KOME Date signed 1/24/44

W. E. G. ...
7303 Madison

Sta 5037 aff.
Ja. 1898 Res.

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 *A. H. George*

Licensed Embalmer No. *3645*

P. O. Address *Grandview*

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, above space should be left blank.