No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1944

Registration District No. 119

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20772

Registrar's No. 2451

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: Crestwood Rest Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether
In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2700 Tracy
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Leo Mudd

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex 0 male

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widower

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 26, (Day) 1863 (Year)

8. AGE: Years 80 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation retired mail clerk

11. Industry or business

FATHER
12. Name William T. Mudd
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Josephine O. Breen
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Roy Mudd
(b) Address Overland Park, Kans.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Rich Hill, Mo.

18. (a) Signature of funeral director Wilbur N. Hoge
(b) Address Overland Park, Kans.

19. (a) 6-9-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from March, 1944 to June 6, 1944 that I last saw him alive on June 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocarditis	unk.
Due to 93e	
Due to	
Other conditions apoplexy (1912) (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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Allen J. Spafford (M. D. ~~or other~~)
Address Professional Bldg K.C. Mo. Date signed 6-9-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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