

S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

FILED DEC 4 1944/9
Registration District No. **1002**

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: 2608-10 Grand Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1

In this community 2 yrs. 7 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City 4.
(If outside city or town limits, write "RURAL")

(d) Street No. 3020 Forest
(If rural, give location)

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

3. (a) PRINT FULL NAME Lloyd Clifton Studebaker

3. (b) If veteran, name war no. 3. (c) Social Security No. 711-09-9214

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 11 day 1944 year _____ hour _____ minute _____ M.

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Helen Mae Studebaker (nee Shas Martin) (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Aug 29 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 8 1943, 19 _____, to Nov 11, 19 44, and that death occurred on the date and hour stated above.

that I last saw him alive on July 15, 19 44

8. AGE: Years 36 Months 2 Days 12 If less than one day _____ hr. _____ min.

Immediate cause of death: Rheumatic Heart Disease & Auricular Fibrillation

Due to Rheumatic Fever Duration 1 1/2 yrs.

Due to _____ Duration _____

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

Other conditions oral sepsis
(Include pregnancy within 3 months of death)

10. Usual occupation Auto Parts Clerk

Major findings: Of operations 95 lb

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business Automobile

12. Name Mose Studebaker

13. Birthplace Diami County Okla. (City, town, or county) (State or foreign country)

14. Maiden name Martha Alice Wrenn

15. Birthplace Lawrence County, Okla. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Studebaker

(b) Address 3020 Forest St. Mo.

17. (a) removal (b) Date thereof 11-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, no name

18. (a) Signature of funeral director Martin L. Brown

(b) Address Princeton, Mo.

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? _____

23. Signature James V. Brown (M. D. or other) _____
Date signed 11/11/44

FEB 25 1949

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 with the above constitutes grounds for revocation of license.)

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