

FILED JAN 17 1945 49

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:
4601 South Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 30 years
years, months or days)

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. 4601 South Benton
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
 If yes, name country (1)

3. (a) PRINT FULL NAME Mrs. Lucy Jane Huddleston

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Newton Huddleston 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 19th 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name George Dewhirst

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

14. Maiden name Judith Brunner

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

16. (a) Informant Mrs. Ada Leuckel

(b) Address 4601 South Benton

17. (a) Removal (b) Date thereof 1-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Bend, Illinois

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 1-6-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1/3 1945 to 1/6 1945
 that I last saw him alive on 1/4/45 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to unknown

Due to unknown

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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 5

23. Signature Harold A. Pellett (M. D. or other) M.D.
 Address 1103 Brandon Kansas Date signed 1/6/45

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 Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kennett City, Mo.

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.