V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29566

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3919

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: RESEARCH HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NINE DAYS (Specify whether years, months or days)
In this community NINE DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CEDAR 20
(c) City or town ELDORADO SPRINGS 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME JOHN PLEASANT BUDD

3. (b) If veteran, name war WORLD WAR 1

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MILDRED

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 11 (Month) 23 (Day) 1887 (Year)

8. AGE: Years 57 Months 9 Days 29 If less than one day hr. min.

9. Birthplace ELDORADO SPRINGS (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

FATHER
12. Name JAMES CALVIN BUDD 0
13. Birthplace CARROLLTON (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name JENNIE YOUNG
15. Birthplace VERNON COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant JAMES CALVIN BUDD JR.
(b) Address 1927 LAKE DRIVE : INDEP. MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation ELDORADO SPRINGS MO.

18. (a) Signature of funeral director [illegible]
(b) Address 815 W. MAPLE AVE. INDEP. MO.

19. (a) 9-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1945 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from July, 1945, to Sept. 22, 1945 that I last saw h~~im~~ alive on Sept. 22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia	
Due to: Generalized Carcinomatosis	
Due to: Carcinoma of Stomach	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46 b
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 Dr. W. Holbrook Hobbs (M. D. or other)
Address Prof. Bldg. Date signed 9-22-45

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1945

OCT 19 1945

FEB 18 1946

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 Henry W. Stahl

Licensed Embalmer No. 3181

P. O. Address Independence

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.