S. No. 2
OM—5-43
v. 5-17-39
1 X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40210

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5271

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: 3229 Brighton, Kansas City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 6 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. 3229 Brighton 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Julieanne Mudd Julieanne MUDD
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 Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 4, 1939 (Month) (Day) (Year)

8. AGE: Years 6 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation None Child
11. Industry or business None
MOTHER FATHER
12. Name William Mudd 0
13. Birthplace Mexico (City, town, or county) Mo. (State or foreign country)
14. Maiden name Jean Renkin
15. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mr. William Mudd
(b) Address 3229 Brighton, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.
19. (a) 12-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1945 hour 8:00 A.M. minute — M.
21. I hereby certify that I attended the deceased from 5-2, 1944, to Dec. 19, 1945, that I last saw her alive on Dec. 19, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia — Duration
Due to
Due to
Other conditions Chronic Epilepsy - 4 hrs of constant seizures preceding death
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 107

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
23. Signature C. S. Cleveland Jr. (M. D. or other) D.C.
Address 3724 Troost Date signed Dec. 19, 45

(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 Elvio E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas 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.