

FILED JAN 27 1946
Registration District No. _____

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100359

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: **Trinity Lutheran Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Days**
(Specify whether)
 In this community **25 Years**
years, months or days

3. (a) PRINT FULL NAME **BUELL MUDD**
 (b) If veteran, name war **No**
 (c) Social Security No. **497-26-4426**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Mrs. Thelma Mudd**
 (c) Age of husband or wife if alive **50** years
 7. Birth date of deceased **May 3rd. 1874**
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **17**
 If less than one day hr. _____ min. _____

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

10. Usual occupation **Retired**

11. Industry or business
MOTHER FATHER {
 12. Name **Unknown**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Thelma Mudd**
 (b) Address **3014 Walnut Street**

17. (a) Burial (b) Date thereof **12/ 26/ 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
 (b) Address **104 West 42nd Street**

19. (a) 12-24-45 (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3014 Walnut Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **20th.**
 year **1945** hour **11:50** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Pathologist**, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Edema**
 Due to **Purulent Meningitis, a hemolytic streptococcus was isolated.**
 Due to _____

Other conditions **8/2**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **above**

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 _____
23. Signature **Judith Bell** (M. D. or other) **M.D.**
 Address **Trinity Lutheran Hosp.** Date signed **12/25/45**

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. Erwin
Licensed Embalmer No. 4352
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.