

No. 2  
1-8-43  
5-17-39  
P 1 X37823

FILED JAN 21 1946

Registration District No. Primary Registration District No. 1002

Registrar's No. 5527

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:  
K. C. Convelesant Home 3200 Norledge  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 months  
(Specify whether)

In this community 10 years  
(years, months or days)

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. 3200 Norledge  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUELLA RIGDON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife L. V. Rigdon

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Guess 80 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

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 K. C. Convelesant Home

(b) Address 3200 Norledge

17. (a) Removal (b) Date thereof Jan 6 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wildmead Cemetery, Nickerson, Kansas

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood Kansas City, Mo

19. (a) 11-31-45 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26  
year 1945 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from 3-3-44  
19\_\_\_\_, to 12-26-45 19\_\_\_\_;

that I last saw h. alive on 12-26-45 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Atherosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 97

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:

(c) 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 0

23. Signature Ar. J. ... (M. D. or other) \_\_\_\_\_

Address 3200 Norledge Date Jan 45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100379

JAN 23 1948

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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 *Chas E. Wilks*.....

Licensed Embalmer No. *2644*.....

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.**