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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1946

State File No. 1827

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

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: 1024 West 54th Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no.
In this community: 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1024 West 54th Street, 8
(If rural, give location)

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: Jay T. Tschudy

3. (b) If veteran, name war: no

3. (c) Social Security No. 486-26-0912

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Mrs. Jeanette Tschudy

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

7. Birth date of deceased: January (Month) 27 (Day) 1877 (Year)

8. AGE: Years 68 Months 11 Days 12 13 If less than one day hr. min.

9. Birthplace: Wisconsin (City, town, or county) / (State or foreign country)

10. Usual occupation: Vice President

11. Industry or business: Tschudy Lumber Company

MOTHER FATHER

12. Name: John H. Tschudy

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

14. Maiden name: Anna Egger

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

16. (a) Informant: Mrs. Jeanette Tschudy

(b) Address: 1024 W. 54th St., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Stine & McClure.

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th year 1946 hour minute A. M.

21. I hereby certify that I attended the deceased from January 12, 1945, to Jan 9, 1946 that I last saw him alive on January 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	1 day
Due to: Hypertensive Heart Disease	2 years
Due to: and Aortic Regurgitation (old valvulitis)	2 years
Other conditions (Include pregnancy within 3 months of death): Congestive Circulatory Failure	1 year

Major findings:
Of operations: —
Of autopsy: 92A

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: Graham Asher (M. D. or other) MSD

Address: 1220 Professional Bldg. Date signed 1-10-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Graham Cashier
Pacific Bldg.

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address KC 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.