

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16887
Registrar's No. 2394

Registration District No. 149 Primary Registration District No. 1002

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
In this community 41 years (Specify whether 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. 2204 Holmes Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles F. TRUDERS
3. (b) If veteran, name war No
3. (c) Social Security No. 486-07-510

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1946 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from 1-5-46
5-28-46, 19____, to _____, 19____;
that I last saw him in alive on 5-27-46, 19____;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kathryn Truders
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 4 1884
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Larynx
Duration 5 mo.

8. AGE: Years Months Days If less than one day
61 11 24 hr. min.

Due to _____
Due to _____

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

Other conditions (include pregnancy within 3 months of death) 47a

10. Usual occupation Brewer
11. Industry or business Meuhlebach Brewing Co.

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name (Unknown) Truders
13. Birthplace Weston Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Kathryn Truders
(b) Address 2204 Holmes, K. C., Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 5-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

(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? _____

18. (a) Signature of funeral director Mellody-McGilley-Ey
(b) Address 1800 E. Linwood Blvd.
19. (a) 5-29-46 (b) Geraldine Malone
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. _____)
Address 110 Professional Bldg Date signed 5/29/46

(Licensed Embalmer's Statement on Reverse Side)

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

15703

Pratt
11 Mo 3
V.I. 4613

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

Glenn 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.