S. No. 2
M—2-43
5-17-39
I X35897

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

31900

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33072

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 107

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Gallatin Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: His Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 0
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME JAMES THOMAS HUDLEMEYER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Altie Lea Hudlemeyer

6. (c) Age of ~~husband or~~ wife if alive 70 years

7. Birth date of deceased Nov 3 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 7 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Hudlemeyer
13. Birthplace ___ Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Rippey
15. Birthplace ___ Mo. (City, town, or county) (State or foreign country)

16. (a) Informant J. T. Hudlemeyer Jr.
(b) Address North Kansas City, Rt 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Providence Near Liberty Mo.

18. (a) Signature of funeral director Church - Archer Co.
(b) Address Liberty Mo

19. (a) Oct 12 - 1946 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1946 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from April, 1946, to Oct 10/46, 19__; that I last saw him alive on Oct 10/46, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 92 A	

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 2

23. Signature G. F. Simmons (~~M. D.~~ or other) 20

Address Quartz - Mo Date signed 10/11/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 10-19-46

OCT 30 1946

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 Edgar Anders

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.