

No. 2
12-45
17-39
X47070

FILED DEC 24 1946

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5243

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: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether

In this community lifetime
years, months or days)

3. (a) PRINT FULL NAME Fred Tschudy

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June 27 1881
(Month) (Day) (Year)

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

65 5 17/16 hr. min.

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

10. Usual occupation Secretary

11. Industry or business Tschudy Lumber Company

12. Name John Henry Tschudy

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

14. Maiden name Anna Egges

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

16. (a) Informant Miss Ann Tschudy

(b) Address 2 Janssen Place, Kansas City, Mo.

17. (a) Burial (b) Date thereof 12-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Pantheon

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

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

19. (a) 12-13-46 (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. 2 Janssen Place
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1946 hour 7 minute 9 A.M.

21. I hereby certify that I attended the deceased from Nov 13 to Nov 13, 1946
that I last saw him alive on Nov 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myo Carditis
Arterio Sclerosis
Coronary occlusion

Duration 2 yrs
19 days

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 93.8
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____ (Specify type of place)
(c) Means of injury _____

23. Signature B. Albert Lieberman (M. D. or other) _____
Address 1007 Poplar Date signed 12/13/46

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

Dr. Leiberman, Sr.

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.....

Mc MD

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.