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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20906

State File No.

2775

Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: General Hospital No. 1

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

(d) Length of stay: In hospital or institution 18 days

In this community 20 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. 3318 E. 18 St.

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Emma Dudley

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. WILLIAM DUDLEY

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased DECEMBER 31 1903

(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27

year 1947 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 6 1947 to June 27 1947

that I last saw her alive on June 27 1947

and that death occurred on the date and hour stated above.

Immediate cause of death Tertiary Syphilis

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 309

8. AGE: Years 43 Months 5 Days 27

If less than one day _____ hr. _____ min.

9. Birthplace LIBERTY MISSOURI

(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name FRANK EASTON

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 MR. WILLIAM DUDLEY

(b) Address 2955 FLORA AVENUE E. MO

17. (a) BURIAL (b) Date thereof JUNE 30 1947

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director W. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-30-47 (Registrar's signature) Thelma Holmes

(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy See above

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 6-28-47

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

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address. K. C. 4 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.