

No. 300
M-10-47
5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16481

State File No. _____

Registrar's No. 2179

Registration District No. 149

Primary Registration District No. 1002

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

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:
Osteopathic Hospital- 11th & Harrison
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
 In this community 40 years

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. 1711 E 59th
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LYDIA PUDERBAUGH
 3. (b) If veteran, name war - no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 22
 year 1948 hour 7:55 PM minute _____ M.
 21. I hereby certify that I attended the deceased from 5/15/48
 _____, 19____, to 5/22, 1948;
 that I last saw her alive on 5/22/48
 and that death occurred on the date and hour stated above.

4. Sex fe / race white
 5. Color or divorced wid
 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife Noah Alloh
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June 2 1865
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis Terminal
 Due to Generalized arteriosclerosis
 Due to _____
 Other conditions Myocardial Regeneration
(Include pregnancy within 3 months of death)
 Duration 10 days

8. AGE: Years 82 Months 2 Days 20
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER
 12. Name Lawrence Breauling
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Hanna Mack
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.P. Jones
 (b) Address 3509 Bellefontaine

17. (a) Burial (b) Date thereof 5-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
 (b) Address 2825 Independence Blvd.

19. (a) 5-24-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy 932

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? _____ (c) Means of injury 2
 23. Signature Sheldine W. Holmes (M.D. or other) Do
 Address 5912 Prospect Ave Date signed 5/24/48

PHYSICIAN

 Underline the cause to which death should be charged statistically.

5910
Pierpont

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 OK McFarland
Licensed Embalmer No. 4397
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.