

FILED JUL 19 1948 49

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 23142  
Registrar's No. 2773

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:  
ST. LUKE'S HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 DAYS  
 (Specify whether  
 In this community 27 YEARS.  
 years, months or days)

3: (a) <sup>MISS.</sup> PRINT FULL NAME Mildred Marie Prudot3. (b) If veteran, name war No 3. (c) Social Security No. NONE4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years7. Birth date of deceased JUNE 20 1883  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
65 0 13 hr. min.9. Birthplace ST. LOUIS, MISSOURI  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE KEEPER11. Industry or business AT HOME12. Name ARSENE PAUL PRUDOT13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)14. Maiden name AUGUSTA BOKKEN15. Birthplace HERMAN, MISSOURI  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Rosalie Hantz(b) Address 5600 Birch St, Mission, Kans.17. (a) REMOVED (b) Date thereof 7-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation MT. OLIVE CEMETARY, ST. LOUIS, MISSOURI18. (a) Signature of funeral director D. W. Newcome's Sons(b) Address 1401 Grand Creek Blvd19. (a) 7-5-48 Seraldine 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. 524 MAPLE BLVD.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country —

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1948 hour 5 minutes 08 P.M.21. I hereby certify that I attended the deceased from Pathologist 19 —;  
that I last saw him alive on — 19 —;  
and that death occurred on the date and hour stated above.Immediate cause of death Cardiac Aneurysm & Hypertrophy  
Due to —  
Due to —Other conditions —  
(Include pregnancy within 3 months of death)Major findings:  
Of operations —  
Of autopsy same 9522. 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 C. J. Kymmel (M. D. or other) —  
Address St. Luke Hospital Date signed 30 July 1948

**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 Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City

**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.**