S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29709

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3667

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 — BORN (Specify whether

In this community LIFETIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 8 (If outside city or town limits, write "RURAL")

(d) Street No. 6132 COLLEGE AVENUE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME THEODORE WILLIAM CAUDLE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE U

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE U

6. (b) Name of husband or wife —

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

7. Birth date of deceased SEPTEMBER (Month) 1 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 6 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Albert Lee Caudle
13. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maxine Proffe
15. Birthplace Forsythe (City, town, or county) Montana (State or foreign country)

16. (a) Informant Albert Lee Caudle

(b) Address 6132 College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 9-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month SEPT. day 7 year 1948 hour 10: minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 1, 1948, to Sept. 7, 1948; that I last saw him alive on Sept. 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Prematurity 33+ wks

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations None

Of autopsy None

Duration

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) 0

While at work? — (e) Means of injury —

23. Signature Robt J. Higgins (M. D. or other) M.D.

Address 1107 Bryant Bldg, K.C., Mo Date signed 9-7-48

(Licensed Embalmer's Statement on Reverse Side)

1107 Bryant Bldg.

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 Jess T. Owens

Licensed Embalmer No. 4453

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.