

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1527

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Blue Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue Township	
c. LENGTH OF STAY (In this place) 29 years		d. STREET ADDRESS (If rural, give location) RFD Independence, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence Blue Township Independence, R.R.			

3. NAME OF DECEASED (Type or Print) Charles Henry Sudbrock	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) January 23, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17, 1862	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 6	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) St. Charles County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Sudbrock	13b. MOTHER'S MAIDEN NAME Clara Wilker	14. NAME OF HUSBAND OR WIFE Meta A Sudbrock
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Never	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Meta A. Sudbrock	ADDRESS RFD, Indep. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27, 1947, to Jan 23, 1949, that I last saw the deceased alive on Jan 22, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. Hallen M.D.	(Degree or title)	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 1-24-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 26, 1949	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Missouri
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DATE REC'D BY LOCAL REG. 1-25-49	REGISTRAR'S SIGNATURE Geo. C. Carson	25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson	ADDRESS Funeral Home, Indep. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *R. A. Leslie*

Licensed Embalmer No. 4123

P. O. Address Independence, 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.