

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12511
1451

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
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 Kansas City		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 3633 Virginia					
3. NAME OF DECEASED (Type or Print) a. (First) Baby			b. (Middle)		c. (Last) KUDER		4. DATE OF DEATH (Month) (Day) (Year) Mar. 28, 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH March 28, 1949	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 11 MRS. Days	IF UNDER 24 HRS. Hours	Mins. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME James H. Kuder		13b. MOTHER'S MAIDEN NAME Helen L. Leap		14. NAME OF HUSBAND OR WIFE ---					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James H. Kuder, 3633 Virginia, K.C., Mo.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) meningocephaly ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 750%					INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Birth , 19___, to Death , 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at ___ m., from the causes and on the date stated above.									
23a. SIGNATURE Robert S. Brown M.D. (Degree or title)				23b. ADDRESS 5009 W. 51st		23c. DATE SIGNED 3/30/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-31-49	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
DATE REC'D BY LOCAL REG. 3-31-49		REGISTRAR'S SIGNATURE Baldine Helmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eylar, Kansas City, Mo.					

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John E. Heck*.....

Licensed Embalmer No. 4063.....

P. O. Address K. C. 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.