

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8536**
515

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>42 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2112 LINWOOD BLVD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2112 LINWOOD BLVD</u>		e. STREET ADDRESS (If rural, give location) <u>2112 LINWOOD BLVD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>CORNISH HUDSON</u> c. (Last) <u>BRAUN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 3 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MARCH 14 1872</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>PARSONS, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>REUBEN LEE HUDSON</u>		13b. MOTHER'S MAIDEN NAME <u>IDA ELLEN MEDCALFE</u>	
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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EVELYN CORNISH SUOR</u>		18. ADDRESS <u>2112 LINWOOD BLVD KANSAS CITY, MO</u>		19. _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fibro-sarcoma, rt pelvic Bone</u>		DUE TO (b) <u>Cerebral Hemorrhage</u>			<u>5 Mos.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			<u>Food.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage 1947</u>		_____			<u>1 wk.</u>
19a. DATE OF OPERATION <u>Dec. 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>December 1949 Fibro-sarcoma rt pelvic bone</u>			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 <u>Jan 11, 1950</u> , to <u>Feb. 3, 1950</u> , that I last saw the deceased alive on <u>Jan. 30, 1950</u> and that death occurred at <u>12:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Carroll P. Carrer</u> (Degree of title) <u>MD</u>		23b. ADDRESS <u>934 44th Bldg. K.C. Mo</u>		23c. DATE SIGNED <u>2/4/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-4-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	
24d. LOCATION (City, town, or county) <u>KANSAS CITY</u>		24e. (State) <u>MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holmes D.W. Newcomer</u>	
DATE REC'D BY LOCAL REG. <u>2-4-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine</u>		ADDRESS <u>1331 BRUSH GREEN BLVD KANSAS CITY, MO</u>	

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

Handwritten mark

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Robert Kay*

Licensed Embalmer No. *4182*

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.