

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4183

BIRTH NO.		REG. DIST. NO. 23		PRIMARY REG. DIST. NO. 5291		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty			
d. FULL NAME OF HOSPITAL OR INSTITUTION Kearney R I				d. STREET ADDRESS (If rural, give location) Kearney R I			
3. NAME OF DECEASED (Type or Print) George		a. (First)		b. (Middle) W.		c. (Last) Hudlemeyer	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 27-1881		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR 11 Days		IF UNDER 14 HRS. 11 Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Conn.		12. CITIZEN OF WHAT COUNTRY? US.	
13a. FATHER'S NAME John Hudlemeyer		13b. MOTHER'S MAIDEN NAME Mary Rippey		14. NAME OF HUSBAND OR WIFE May E. Hudlemeyer			
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. 20		17. INFORMANT'S SIGNATURE OR NAME ADDRESS May E. Hudlemeyer Kearney R. 1 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) Arteriosclerosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Haemorrhage 5 years ago  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  331 X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF 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) (Min.)		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 _____, 1942 to Feb. 8, 1951, that I last saw the deceased alive on Feb. 8, 1951, and that death occurred at 8:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wayne Goodson				23b. ADDRESS Liberty Mo.		23c. DATE SIGNED 2/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 10-51	24c. NAME OF CEMETERY OR CREMATORY Providence		24d. LOCATION (City, town, or county) (State) Clay County, Mo.		
DATE REC'D BY LOCAL REG. Feb. 10-1951		REGISTRAR'S SIGNATURE Minnie Haynes 64		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pfeiffer-Creech Co. Liberty Mo.			

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

0240



**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 S. Sorensen.....

Licensed Embalmer No. 4448.....

P. O. Address Liberty 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.