

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42325**
5295

FILED DEC 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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. LENGTH OF STAY (in this place) <u>6 YR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>6012 CHARLOTTE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6012 CHARLOTTE</u>				d. STREET ADDRESS (If rural, give location) <u>6012 CHARLOTTE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>			b. (Middle) _____			c. (Last) <u>JUEDEMANN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 3 1952</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>NOV. 13 1871</u>		9. AGE (in years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Mins. _____	
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 -----			11. BIRTHPLACE (City and State or Foreign Country) <u>WOOLLAM MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>FRED KRAFTZECK</u>			
13b. MOTHER'S MAIDEN NAME <u>ERNESTINE BARLISCH</u>				14. NAME OF HUSBAND OR WIFE <u>WILLIAM JUEDEMANN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. CHARLES FULKERSON K.C. MO.</u>			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis and cerebral hemorrhage</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>3 Days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.		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>Oct 28, 1952</u> , to <u>Dec 3, 1952</u> , that I last saw the deceased alive on <u>Dec 3, 1952</u> , and that death occurred at <u>2 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. S. Prentiss M.D.</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>900 Rialto Bldg - K.C. Mo</u>		23c. DATE SIGNED <u>12/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5 DEC 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOOLLAM MO.</u>		24d. LOCATION (City, town, or county) (State) <u>WOOLLAM MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-4-52</u>		REGISTRAR'S SIGNATURE <u>Eveline Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FLORAL HILLS MEM. CHARAL</u>		ADDRESS <u>K.C. MO.</u>	

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

Dr Prentice
900 Rulla Bldg
Ni 5172

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

D Ross Blanford

Licensed Embalmer No. 4215

P. O. Address K. E. 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.