

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH13313
State File No. 1668BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1668

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>50 YEARS</u>	c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>			e. STREET ADDRESS (If rural, give location) <u>3460 1116 3812 Bell</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>DICKEY</u> c. (Last) <u>Hudson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-2-83</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days <u>73</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATIONARY ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>THEATRES</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ATCHISON, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JESSE HUDSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE SOWERS</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. COY HUDSON</u>	
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>496-07-6535</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT D. HUDSON</u>	
				ADDRESS <u>3812 BELL STREET KANSAS CITY 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGIC bronchopneumonia</u>			DUE TO (b) <u>UREMIA (clinical)</u>			<u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>chronic pyelonephritis</u>			<u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>PULMONARY EDEMA</u> <u>CARDIAC hypertrophy, massive</u>			<u>10 yrs</u> <u>- 3 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0000</u>				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) (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 19 49, to 4-14, 1956, that I last saw the deceased alive on 4-14, 1956, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Marcus Heller</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>409 E. 63rd</u>		23c. DATE SIGNED <u>4-16-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 17 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-17-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Necocomis</u>	
				ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

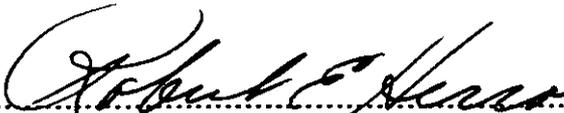
(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 484.....

P. O. Address.....


Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.