

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029247
STATE FILE NUMBER
3952

FILED SEP 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3952

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY NORTH
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR. TRACKS AT MISSOURI RD. LOAN BLDG. 35 YEARS		Length of stay in lb 107	d. STREET ADDRESS (If outside, give location) 3811 CHAMMIERE RD. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES WILLIAM RUDD			4. DATE OF DEATH Month Day Year August 14, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 12. 1910
9. AGE (In years) 48		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARD CLERK		10b. KIND OF BUSINESS OR INDUSTRY MISSOURI PACIFIC RAILROAD	11. BIRTHPLACE (City and state or country) CABOOL MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME FRED RUDD	13b. MOTHER'S MAIDEN NAME IVELLIE SPARKS
14. NAME OF HUSBAND OR WIFE MARY LOUISE RUDD		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR II	16. SOCIAL SECURITY NO. 268-03-7448
17. INFORMANT MRS. MARY LOUISE RUDD		Address 3811 CHAMMIERE ROAD KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Body Crushed & Lacerated</u>			INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Ran over by boy car</u>	
20c. TIME OF INJURY Hour Month, Day, Year p.m. 8-14-58		20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo Pacific Bldg</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Kansas City Jackson mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>10:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hugh H. Owens Comm 3</u>		22b. ADDRESS <u>1034 Oak St Bldg</u>	
22c. DATE SIGNED <u>8-15-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>AUG-17-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SMITHVILLE MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	25. DATE RECD. BY LOCAL REG. <u>8-14-58</u>
26. REGISTRAR'S SIGNATURE <u>neva merrill</u>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

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A

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 *James W. Thomson*

Licensed Embalmer No. *4887*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.