

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 29 1960 149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4107

60-030597
 STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE KANSAS b. COUNTY WYANDOTTE		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GARFIELD NORA RAE RESTAURANT		Length of stay in 1b 11 WEEK		d. STREET ADDRESS 3940 Booth		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARY HUDSON				4. DATE OF DEATH August 7 1960			
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN 31 1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and state or country) JACKSON SPRINGS MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Wildy		13b. MOTHER'S MAIDEN NAME JOSEPHINE -		14. NAME OF HUSBAND OR WIFE JOHN ESTERSON ALBERT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT Son MR JAMES W. FIGHTMY 3940 Booth, K.C. MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Arteriosclerosis						8 years	
DUE TO (b) Arteriosclerosis						8 years	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 7-30-60 to 8-6-60 and last saw her him alive on 8-6-60 Death occurred at 9:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Paul Lawrence				22b. ADDRESS 428 S White Ave		22c. DATE SIGNED 8-7-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUGUST 10, 1960		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR MUEHLEBACH		ADDRESS 6800 TROOST		25. DATE RECD. BY LOCAL REG. 8-10-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer	

DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence, M.D. MEDICAL CERTIFICATION

DR. F. W. KNUDSEN

128 So. WHITE BE-1-3319

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Claud. Carr Jr.

Licensed Embalmer No. *4934*

P. O. Address *KC 14 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.