

FILED MAY 15 1940
399

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1456

1. PLACE OF DEATH: **Jackson**
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Research Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Over 50 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Jennie Fudge 320**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

4. Sex **Fe**
 5. Color or race **Wh**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Leander Benton Fudge**
 6. (c) Age of husband or wife if alive **6** years **1853**
 7. Birth date of deceased **June 6 1853**
 (Month) (Day) (Year)

8. AGE: Years **86** Months **9** Days **26**
 If less than one day _____ hr. _____ min.

9. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **9**
 MOTHER FATHER {
 12. Name **No Record**
 13. Birthplace **9**
 14. Maiden name **No Record**
 15. Birthplace _____

16. (a) Informant **Social Security Office**
 (b) Address **Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **4-4-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **J. M. Wagner**
 (b) Address **Kansas City, Mo.**

19. (a) **April 3, 1940** (b) **M. M. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2835 E. 102 St.**
 (If rural, give alias)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Apr.** day **2nd**
 year **1940** hour **7** minute **15** A.M.

21. I hereby certify that I attended the deceased from **2/26/40**
 _____, 19____, to **4-2-40**, 19____;
 that I last saw her alive on **4-1-40**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Infarction Ather.**
 Duration _____

Due to **95%**
 Due to **Arteriosclerosis, Hypertension, C. U. Disease**
 Other conditions **C. Dehydration**
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy **Pulmonary Infarct, Ather, bronch.**
Dilated Lt. ventricle.
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **John B. Brown** (M. D. or other) _____
 Address **924 W. 13th** Date signed **4-3-40**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: Cecil R. Matthews

Licensed Embalmer No. 3807

P. O. Address 204 W. Louisiana

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, above space should be left blank.