

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11613 E. 16th. St. Independence, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 17 Years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME James Calvin Budd 3AD

8. (b) If veteran, name war No

8. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Budd

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 11 29 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>8</u>	<u>8</u>	hr. _____ min.

9. Birthplace Carrollton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER

12. Name John Budd

13. Birthplace No Record No Record
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Jane Sparks

15. Birthplace No Record No Record
(City, town, or county) (State or foreign country)

16. (a) Informant J. Calvin Budd Jr.

(b) Address 11613 E. 16th. St. Indep. Mo.

17. (a) Burial (b) Date thereof 8-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Springs Mo.

18. (a) Signature of funeral director Kenneth W. Stahl

(b) Address 815 W. Maple Ave.

19. (a) Aug 9-40 (b) F. L. Cook
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County Jackson

(c) City or town Rural, Blue Township
(If outside city or town limits, write "RURAL")

(d) Street No. 11613 E. 16th. St. Independence, Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
year 1940 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 20, 1940 until Aug 7, 1940
that I last saw him alive on Aug 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Complications of stroke (pneumonia)

Due to arteriosclerosis abdominal aorta

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations 46

Of autopsy _____

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? _____

3600 (Specify type of place)
While at work? _____ (e) Means of injury _____

28. Signature Kenneth W. Stahl (M. D. or other) _____
Address Mo. Mo Date signed 8-8-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Henry W. Stahl*
Licensed Embalmer No..... *3181*
P. O. Address..... *Independence 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, above space should be left blank.