No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41378 4771

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(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: 4125 Harrison St.
(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) 2 0
In this community 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4125 Harrison St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Keene R. Dudley (Keene R. Dudley)
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Penelope Dudley
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased No record (Month) (Day) 1858 (Year)

8. AGE: Years 82 Months -- Days -- If less than one day hr. min.

9. Birthplace No Record (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Druggist
11. Industry or business Retired
MOTHER FATHER
12. Name No Record
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mr. R. B. Moore (Attorney)
(b) Address Commerce Trust Bldg.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) (Day) 1940 (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Troost
19. (a) 12-16-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1940 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from Dec. 11, 1940 to Dec. 15, 1940 that I last saw him alive on Dec. 14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver	3 Mo
Due to Carcinoma of Prostate	4 Mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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PHYSICIAN
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 Kenneth C. Davis M.D. (M. D. or other)
Address 3301 Woodland Date signed 12-16-40
Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr Davis
3301 Woodland

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 Guy Buffington Jr.

Licensed Embalmer No. 2756

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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