

Registration District No. **149**

Primary Registration District No. **1002**

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:
1201 East 18th St. (2nd floor)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **home**
(Specify whether
In this community **45 years**
years, months or days)

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. **1201 East 18th St. 2nd floor**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Harry Rudd**

3. (b) If veteran, name **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced. **Single**
6. (b) Name of husband or wife. **None** 6. (c) Age of husband or wife if alive. **None** years
7. Birth date of deceased. **Feb. 29, 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 0 hr. min.

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

10. Usual occupation **Bartender**

11. Industry or business **None**

MOTHER FATHER { 12. Name **William Rudd**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Evalina**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sallie Rudd**
(b) Address **4618 Dearborn, Chicago, Ill.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **6/5/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Clarksdale, Mo. Washburn Bros.**

18. (a) Signature of funeral director **[Signature]**
(b) Address **1729 Lyden**
19. (a) **6-4-43** (b) **M. M. Cronin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29** day **Saturday**
year **1943** hour **11:00** minute **A. M.**

21. I hereby certify that I attended the deceased from **5-26-43**
19... to **5-29-43** 19...

that I last saw him ^{im} alive on _____ 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to _____ 1316

Due to _____

Other conditions (Include pregnancy within a month of death)
Chronic Arteriosclerosis

Major findings:
Of operations _____
Of autopsy _____

Duration
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) _____
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?

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **[Signature]**
Address **1512 N. S. Park** Date signed **6-4-43**

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.....

Isaac Jerome Maxlowe

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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, fact should be so stated above.