. S. No. 2
OM—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30292

FILED SEP 26 1949

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 3724

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 622 Benton Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 622 Benton
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Margaret J. Rudge
3. (b) If veteran, name war — No
3. (c) Social Security No. None
4. Sex F
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Dec 9 1851 (Month) (Day) (Year)

8. AGE: Years 92 Months 9 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Clarksville (City, town, or county) Ohio (State or foreign country)
10. Usual occupation at Home
11. Industry or business
MOTHER FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Alice Allton
(b) Address Overland Park Kans
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Wilber N. Hage
(b) Address Overland Park Kans
19. (a) 9-14-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14 year 1944 hour 5 A.M. minute ____ M.
21. I hereby certify that I attended the deceased from 9/12 1944, to 9/14 1944, that I last saw h. alive on 9/13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral	
Due to Hemorrhage	at once
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 9-14-44

(Licensed Embalmer's Statement on Reverse Side)

VR 8952
3585
0371

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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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, fact should be so stated above.