

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF HEALTH
BUREAU OF THE GENERAL REGISTRATION

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33397

State File No.

FILED OCT 29 1944

Registration District No. 149

Primary Registration District No. 10.02

Registrar's No. 4169

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:
104 West Linwood Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
years, months or days) (Specify whether
35 years)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 104 West Linwood Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 77

3. (a) PRINT FULL NAME Mrs. Mary Rudolph

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles H. Rudolph

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased October 13th 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 1 If less than one day
hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Joseph H. January

{ 13. Birthplace Jamestown, Ohio
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ruth Ashe

{ 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant D. A. January

(b) Address Osawatomie, Kansas

17. (a) Burial (b) Date thereof 10-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Mausoleum

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 10-16-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 10/14/44 to 10/14/44
that I last saw him alive of Deputy Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis

Due to

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Inspection History

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 A. E. Uscher (M. D. or other)

215 N. 11th St. Date 10/14/44

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(Licensed Embalmer's Statement on Reverse Side)

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

Joseph R. Hunt, Registered Apprentice No. 364
working under my personal supervision.

Signed Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.