

FILED SEP 20 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3660

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:
2205 E. 14th. St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 2 years
(Specify whether years, months or days)
 In this community... 2 years

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. 2205 E. 14th. St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Gora Lee Dudley

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlie Nelson Dudley 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 14 - 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 17 hr. min.

9. Birthplace Dawson Co. Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Charlie Smith
 13. Birthplace Va.
(City, town, or county) (State or foreign country)
 14. Maiden name Hulda McClure
 15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Smith
 (b) Address 5 N. Compton St., St. Louis, MO

17. (a) Removal (b) Date thereof 9/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atkins, Mo.

18. (a) Signature of funeral director George H. Hoff
 (b) Address 1217 Pine St. St. Louis, Mo.

19. (a) 9-4-45 (b) Gertrude Hennes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31st
 year 1945 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 29 Aug
1945 to 31 Aug 1945
 that I last saw her alive on 31 Aug 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Disease

Due to hypertensive type heart disease

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 938
 Of operations _____
 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? _____

While at work Atkins, Mo. (Specify type of place)
 (c) Means of injury _____
 23. Signature George H. Hoff (M. D. or other) _____
 Address 2123 E 15th St Date signed 3 Sept 1945

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 *E. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine St., 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.