

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37158**

FILED NOV 25 1946

Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **2794**

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: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)

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

In this community **19 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. **1124 Cleveland**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Larry Ruddicks**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Male** () 5. Color or race **White**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife

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

7. Birth date of deceased **Oct 24 1946**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **13**
year **1946** hour **8** minute **37** A.M.

21. I hereby certify that I attended the deceased from **Nov. 12 1946** to **Nov. 13 1946**, that I last saw him alive on **Nov. 13 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Dehydration acidosis**

Due to

Due to

Other conditions **66b**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **See above**

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
24 19 hr. min.

9: Birthplace **Kansas City Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

MOTHER FATHER { 12. Name **James Ruddicks**

{ 13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Ferna Purdie**

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

16. (a) Informant **James Ruddicks, father**

(b) Address **1117 1/2 Cleveland**

17. (a) **Burial** (b) Date thereof **11-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flagant Hill Mo**

18. (a) Signature of funeral director **W. Herrich**

(b) Address **Flagant Hill Mo**

19. (a) **11-13-46** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

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? **0** (Specify type of place) (e) Means of injury

23. Signature **Wm W. Hart** (M. D. or other) **MD**
Address **Med. Dir. Gen'l Hosp.** Date signed **11-13-**

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

the Laminar

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 *J. Nigel Herrick*
Licensed Embalmer No. *3599*
P. O. Address *Pleasant Hill 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.