

V. S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **17716**

FILED MAY 22 1947

Registration District No. **196**

Primary Registration District No. **3026**

Registrar's No. **143**

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 622 W. Alton
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM JAMES RUDD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color of race W

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

6. (b) Name of husband or wife Margaret Rudd 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 5, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>1</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Springfield, Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER

12. Name unknown

13. Birthplace unknown Kentucky
(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. Wm. J. Rudd

(b) Address 622 W. Alton

17. (a) burial (b) Date thereof 5/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence, Mo.

19. (a) 5-18-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1947 hour 2:40 minute A M.

21. I hereby certify that I attended the deceased from Jan, 1944, to 5/4, 1947; that I last saw him alive on 5/3, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 5 days

Due to _____

Due to _____

Other conditions Hypertension, arterio-sclerosis & prostatic hypertrophy **PHYSICIAN**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 109

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? _____

23. Signature Vance E. Lind M.D. (M. D. or other)
Address 129 W Lexington, Independence, Mo. Date signed 5/5/47

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.....

Frank F. Tyb....., Registered Apprentice No. *411*
working under my personal supervision.

Signed *R. A. Lisle*.....

Licensed Embalmer No. *4123*.....

P. O. Address *Independence, 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.