

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

FILED JUN 20 1947

Registration District No. **296** Primary Registration District No. **3026**

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

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 & HOSPITAL** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 WEEKS** (Specify whether  
In this community **20 YEARS** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** **48**

(c) City or town **INDEPENDENCE (RURAL)** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1439 RALSTON** **0**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) **1**  
If yes, name country \_\_\_\_\_

3. (a) PRINT MRS. MARIE DAWE BUDD  
FULL NAME

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

3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **25**  
year **1947** hour **11** minute **10** A.M.

21. I hereby certify that I attended the deceased from **4/7** 19**47**, to **5/25** 19**47**;  
that I last saw her, alive on **5/25** 19**47**;  
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **CALVIN J. BUDD JR.**

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

7. Birth date of deceased **1** **10** **1902**  
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of cervix Stage 4**

Duration **8mo**

8. AGE: Years Months Days If less than one day  
**45** **4** **15** hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9: Birthplace **KANSAS CITY** **KANSAS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **HOMEMAKING**

12. Name **JOHN P. DAWE**

13. Birthplace **LEXINGTON** **MICH.**  
(City, town, or county) (State or foreign country)

14. Maiden name **MINNIE J. HARRISON**

15. Birthplace **FORESTER** **MICH.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **CALVIN J. BUDD JR.**

(b) Address **1439 RALSTON, INDEPENDENCE, MO.**

17. (a) **BURIAL** (b) Date thereof **5-27-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MOUND GROVE**

18. (a) Signature of funeral director **James W. Stahl**

(b) Address **815 W. MAPLE INDEPENDENCE MO.**

19. (a) **5-27-47** (b) **James W. Stahl**  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Vance E. Link, M.D.** (M. D. or other) **0**  
**Vance E. Link, M.D.**  
Address **129 W. Lexington St.** Date signed **5/26/47**

MAR 31 1949

**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 Henry W. Stahl

Licensee Embalmer No. 3181

P. O. Address Independence

**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.