

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1848**  
Registrar's No. **670**

Registration District No. **144**

Primary Registration District No. **1002**

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:  
**GENERAL HOSPITAL NO. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 DAYS**  
In this community **47 YRS.**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **BENJAMIN FRANKLIN GUDGELL**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

4. Sex **MALE**  
5. Color or race **NEGRO**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **OCTOBER 13, 1887**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **3** Days **22** hr. **29** min.

9. Birthplace **UTICA MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name **HARRISON GUDGELL**  
13. Birthplace **LIVINGSTON COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)  
14. Maiden name **SARAH SNOWDEN**  
15. Birthplace **RAY COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **SOD JACKSON (FRIEND)**  
(b) Address **926 HIGHLAND**

17. (a) **Burial** (b) Date thereof **2-14-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cem**

18. (a) Signature of funeral director **W. S. Stirling**

(b) Address **1712 Olive St. K.C. MO**

19. (a) **2-14-48** (b) **M. S. Holme**  
(Date received local registrar) (Registrar's signature)

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. **926 HIGHLAND**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **FEBRUARY** day **12**,  
year **1948** hour **6**: minute **10** A. M.  
21. I hereby certify that I attended the deceased from **FEBRUARY 7, 1948** to **FEBRUARY 12, 1948**,  
that I last saw h. **IM** alive on **FEBRUARY 12, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA** Duration \_\_\_\_\_

Due to **ARTERIO-NEPHROSCLEROSIS**

Due to **GENERALIZED ARTERIOSCLEROSIS**

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

Major findings: Of operations **131a**  
Of autopsy \_\_\_\_\_  
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 **[Signature]** M. D. or other M. S. D. \_\_\_\_\_

Address **GENERAL HOSPITAL NO. 2** Date signed **2/12/48**

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**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 Bells*

Licensed Embalmer No.....

*3178*

P. O. Address.....

*12 Grove Hill Rd.*

**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.**