

FILED NOV 4 1948/49

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3928

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL", and name of township)
 (c) Name of hospital or institution: St. Vincent's Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days)
 In this community 1 hr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4309 1/2 Main
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Infant Rude

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

4. Sex Female 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 9-25-48
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 20 min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER { 12. Name Allan M. Rude
 13. Birthplace Kansas City, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Stene M. McCoy
 15. Birthplace Eureka Spgs, Ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Allan M. Rude

(b) Address 4309 1/2 Main

17. (a) Burial (b) Date thereof 9-27-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director [Signature]

(b) Address 660 Bond Ave

19. (a) 9-27-48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25
 year 48 hour 5:00 minute 9 A.M.
 21. I hereby certify that I attended the deceased from 9-25-48 to 9-25-48, 19____, to 9-25-48, 19____;
 that I last saw her alive on 9-25-48 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 1 hr. 20 min.

Due to _____
 Due to 159
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy Prematurity only.
 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 0

23. Signature [Signature] (M. D. or other) _____
 Address Professional Bldg. Date signed 9-27-48

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.....

J. Sheil

Licensed Embalmer No.

3625

P. O. Address.....

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.