

S. No. 300  
V. 10.48

FILED OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31581

State File No. 4175

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4175			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3419			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2517 Vine - 1 <sup>st</sup> floor				d. STREET ADDRESS (If rural, give location) 2517 Vine 1 <sup>st</sup> floor					
3. NAME OF DECEASED (Type or Print) a. (First) SARAH		b. (Middle) E.		c. (Last) DUDLEY		4. DATE OF DEATH (Month) (Day) (Year) 9 20 52			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Feb. 7, 1876			
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 7		IF UNDER 1 HRS. Days 12		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John Henry Wesley			13b. MOTHER'S MAIDEN NAME Rosanna			14. NAME OF HUSBAND OR WIFE Caswell Dudley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Address Prillia Dupont, 2517 Vine				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure					INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					443X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Oct. 1950, to Feb. 1952, that I last saw the deceased alive on 9-20, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE George H. Taft, MD (Degree or title)				23b. ADDRESS 22048 18th St K.C. Mo.		23c. DATE SIGNED APR 23 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/24/52		24c. NAME OF CEMETERY OR CREMATORY Lincoln		24d. LOCATION (City, town, or county) (State) 20 <sup>th</sup> & Blue Ridge, S.C. Mo.			
DATE REC'D BY LOCAL REG. 9-24-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brigham & Jones 2300 East 12 <sup>th</sup>					

(Licensed Embalmer's Statement on Reverse Side)

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

7th  
0874

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Lawrence A. Jones*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4429*

P. O. Address..... *2300 East 18th*

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.