

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4228

State File No. **770**

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Kansas City North</u>		c. CITY OR TOWN <u>Kansas City North</u> 5068	
c. LENGTH OF STAY (in this place) <u>33 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Ind. 519 E. 42nd Street</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 E. 42nd Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) <u>Jane</u> c. (Last) <u>Dudley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1955</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 9, 1955</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Platte County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Benjamin H. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Permelia Susan Frazier</u>		14. NAME OF HUSBAND OR WIFE <u>James Jentha Dudley</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha J. Dudley</u>		ADDRESS <u>K.C. Mo.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		DUE TO (b) <u>Thrombophlebitis - Rt leg</u>				<u>6 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hemiplegia, Right. Thought due to Brain Tumor</u>				<u>2 wks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>1 yr</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION (If fact) <u>(bid fact)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Dec 1949, to 19 Feb, 1955, that I last saw the deceased **alive on** 19 Feb, 1955, and that death occurred at 8:52 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. H. Fischer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>506 E. 21st NKC Mo</u>		23c. DATE SIGNED <u>2-19-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>2-19-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>	
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DATE REC'D BY LOCAL REG. <u>2-19-55</u>		REGISTRAR'S SIGNATURE <u>Neval Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. Ross Blanford</u>		ADDRESS <u>Morial Hills Chapel K.C.Ks.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

MADE 2-7-40

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed O Ross Blanford

Licensed Embalmer No. 4015

P. O. Address KCK

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.