DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42176

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4585

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: St. Lukes Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Days (Specify whether years, months or days)
In this community 35 years

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. 4039 Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Robert A. Tandy 530
3. (b) If veteran, name war – No
3. (c) Social Security No. 495-05-6449
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Emma L. Tandy
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb. 27, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	9	3	____ hr. ____ min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Gate City Optical Co. /
11. Industry or business 0
FATHER
12. Name Robert L. Tandy
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Tillie M. Pepper
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature Emma L Tandy
(b) Address 4039 Walnut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 W. 42nd St., K.C., Mo.
19. (a) Dec 1 1939 (Date received by Registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30, year 1939 hour 1:15 minute p. M.
21. I hereby certify that I attended the deceased from 11/2/39, 19__, to 11/30, 1939, that I last saw him alive on 11/30, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Specific aortitis with decompensation	
Due to Luetic infection (34)	
Due to	
Other conditions / (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

PHYSICIAN
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? (Specify type of place)
While at work? / (e) Means of injury
23. Signature George O. Lee (M. D. ~~or other~~)
Address 1630 Professional Bg Date signed 12/1/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.