

BUREAU OF THE CENSUS
FILED JUL 15 1940

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City, **3**

(c) Name of hospital or institution:
Re A. Long Building,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community 30 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. Kansas, (b) County Wyandotte,

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 1024 Richmond,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Lafe Tidwell, **340**

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
year 1940 hour 10 minutes 30A M.

21. I hereby certify that I attended the deceased from Chronic hypertension 19____;
Myocardial infarct 19____;
acute pulmonary edema 19____;

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leahora Tidwell,

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 8 1889
(Month) (Day) (Year)

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hypertension
Myocardial infarct
acute pulmonary edema

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>2</u>	<u>6</u>	hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Missouri, **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Sales Manager, **0**

11. Industry or business x Self

MOTHER FATHER { 12. Name William Tidwell, **9**

13. Birthplace Missouri,
(City, town, or county) (State or foreign country)

14. Maiden name Unknown,

15. Birthplace Unknown,
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy See above

16. (a) Informant Harold M. Tidwell,

(b) Address 1027 Richmond Ave., K. C., Kansas

17. (a) Burial, (b) Date thereof 6-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) June 15-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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, or in public place? _____

While at work? _____ (Specify type of place)

23. Signature [Signature] (M. L. or other) **5/6/40**

Address [Signature] Date signed _____

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.....

Dwight Lawrence Jr......, Registered Apprentice No. *222*
working under my personal supervision.

Signed *E. M. Plank*.....

Licensed Embalmer No. *1848*.....

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, above space should be left blank.