

Registration District No. **JUL 30 15 1940**

Primary Registration District No. **1002**

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Few minutes
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Tye infant

(b) If veteran, name war. NO (c) Social Security No. NO

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced. S.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7th, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
few minutes hr. _____ min.

9. Birthplace K.C. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Roy Lee Tye

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

14. Maiden name Grace McLeod

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

16. (a) Informant Record clerk

(b) Address K. C. Gen. Hospital, K. C. Mo.

17. (a) Burial (b) Date thereof 6-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Municipal Cemetery

18. (a) Signature of funeral director Leeds, Mo. W.A. Lohmeyer

(b) Address City mortician

19. (a) June 17, 1940 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

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. 912 Tracy
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1940 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from
June 7th, 1940 to June 7th, 1940, 19____
that I last saw her alive on June 7th, 1940, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Dr. M. M. Browe (M. D. or other)
Supt. K. C. Gen. Hospital, K. C. Mo.
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.