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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31159  
State File No. 3722

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:  
(a) County. Jackson  
(b) City or town. Kansas City  
(c) Name of hospital or institution:  
3538 College Ave.  
(d) Length of stay: In hospital or institution 35 Yrs.  
In this community 35 Yrs.

3. (a) PRINT FULL NAME. Hiram D. Tenney  
3. (b) If veteran, name war. No. No.  
3. (c) Social Security No. 487-03-8554

4. Sex Male 5. Color or race Wh.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sarah Ann Tenney  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased May 14 1877

8. AGE: Years 63 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Madison Wis.

10. Usual occupation Salesman

11. Industry or business /

MOTHER FATHER { 12. Name Geo. A. Tenney  
13. Birthplace Unknown Wis.  
14. Maiden name Florence Dodge  
15. Birthplace Unknown Wis.

16. (a) Informant Sarah Ann Tenney  
(b) Address 3538 College K.C.Mo.

17. (a) Burial (b) Date thereof Sept. 25th  
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eylar Funeral Home  
(b) Address 1800 Linwood K.C.Mo.

19. (a) 9-24-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3538 College Ave.  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22 year 1940 hour 5:30 minute P.

21. I hereby certify that I attended the deceased from 7/15/1935 to 9/22/1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 44 hrs.

Due to 95%

Other conditions Hypertensive heart disease

Major findings: Of operations Coronary thrombosis (circumflex artery)

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? \_\_\_\_\_  
(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 W. C. Chamberlain (M. D. or other) M. D.  
Address 7th & Park Bldg. Date signed 9/23/40

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 \_\_\_\_\_

*Chas Wilks*

Licensed Embalmer No. \_\_\_\_\_

*2644*

P. O. Address \_\_\_\_\_

*1800 J. inwo*

**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.**