

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34334
Registrar's No. 3850

FILED NOV 12 1940
Registration District No. 599

Primary Registration District No. 1002

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

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:
6115 Holmes Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 Years
years, months or days

3. (a) PRINT FULL NAME Mrs. Rosa Tennyson
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Charles H. Tennyson 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased December 28 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 5 If less than one day hr. _____ min.

9. Birthplace Mt. Carmel Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER { 12. Name James Martin
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Shaw
15. Birthplace Mt Carmel Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant B. H. Tennyson
(b) Address 6115 Holmes St

17. (a) Removal (b) Date thereof Oct. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel, Illinois

18. (a) Signature of funeral director St. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-4-40 (b) M. M. Grove
(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. 6115 Holmes Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 3
year 1940 hour 10 minute 40A. M.
21. I hereby certify that I attended the deceased from July 22 1930 to Oct 3 1940
that I last saw her alive on Oct 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 3 hrs
Due to Coronary Sclerosis 6 hrs
Arteriosclerosis
Due to _____
Other conditions arteriosclerosis dependent
(Include pregnancy within 3 months of death)

Major findings: Of operations 94B
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Robert M. Grove (M. D. or other)
Address 820 Sprigg Date signed 10/4/40

820
11-4-30
H. H. G. Co.

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 *H. H. G. Co.*
Licensed Embalmer No. 4043
P. O. Address *H. H. G. Co.*

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.