

S. No. 2
-1-4-41
5-17-39
PI X26390

FILED JUN 10 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17419**

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2281

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:
147 North Chelsea
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community Since 1912
years, months or days)

3. (a) PRINT FULL NAME Joseph A. Tanner

3. (b) If veteran, name war No. 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah J. Tanner 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 22 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Bank Custodian

11. Industry or business X

12. Name James M. Tanner

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

14. Maiden name Elizabeth H. Jones

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

16. (a) Informant Charles A. Tanner

(b) Address 147 N. Chelsea, Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery, Stine & McClure

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

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

19. (a) May 27, 1941 (b) M. Brown
(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. 147 North Chelsea
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country ()

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th,
year 1941 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from May 19
1941 to May 24 1941
that I last saw h alive on May 24
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 6 days

Due to Arterio Sclerosis 2 yrs.

Due to Alfa

Other conditions 94W
(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?
.....

While at work?.....
(Specify type of place) (e) Means of injury 0

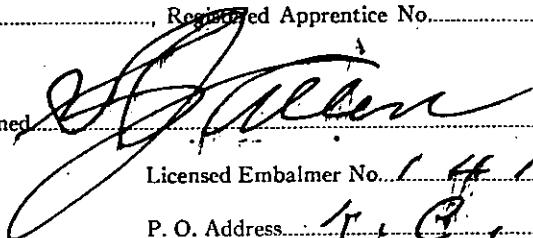
23. Signature R L St. Louis (M. D. or other)

Address 524 2 St. John Date signed 5/27-41

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. 1413

P. O. Address. 4, 3, 120

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.