

FILLED NOV 13 1941

Registration District No. 399

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:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 35 Years 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura Louise Tidswell

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

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife. Frank A. Tidswell

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 20 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name John Calace Calace

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Christina Harrison

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

16. (a) Informant Chas. F. Tidswell

(b) Address 2725 Lister

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10/27/41
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. G. L. Forster

(b) Address 918 Brooklyn

19. (a) 10/25/41
(Date received local registrar)

(b) M. M. Crowl
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2725 Lister
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1941 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/16/41
to 10/27/41
that I last saw her alive on 10/23/41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Thrombosis
Asphyxiation
Asphyxiation

Due to Asphyxiation
Asphyxiation

Due to Asphyxiation

Other conditions 83B
(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 [Signature] (M. D. or other) D

Address 1401 W. 10th St. Date signed 10/27/41

Duration

10/16/41

10/24/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
38

MOTHER FATHER

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 *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *C. H. Wise*

Licensed Embalmer No. *2570*

P. O. Address *Kansas City*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson SS.

State File No. 34040
Local Registrar's No. 3980

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of March, 1947, before me appears Charles F. Tidswell, who, upon his oath, states that the original record of ~~birth~~ death for Laura Louise Tidswell, ^{died} ~~born~~ 10-24, 1941, in the State of Missouri, and which was filed at Kansas City, Mo. on 10-25, 1941, should be corrected as follows:

Item No. 12 should read John Calfee

Instead of John Calfee

Item No. 14 should read Christina Garrison

Instead of Christina

Item No. 16 should read Chas. F. Tidswell

Instead of Chas. S. Tidswell

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles F. Tidswell
Relationship son

2543 Indiana, N.C. Mo.
Present Address.

Subscribed and sworn to before me this 12th day of March, 1947.

My Commission expires Oct 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

34040