S. No. 2
M—9-4-41
v. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36436

Registrar's No. 4394

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: Wheatley Provident (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Ten days In this community Over five years (Specify whether years, months or days)

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. 2541 Michigan (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

48 3 8

3. (a) PRINT FULL NAME Minnie Tisby

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female | 5. Color or race Negro 3 | 6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Unk.

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

7. Birth date of deceased January (Month) 14 (Day) 1900 (Year)

8. AGE: Years 42 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER

12. Name W.A. Ford

13. Birthplace Holden (City, town, or county) MO (State or foreign country) 0

14. Maiden name Minnie Fleming

15. Birthplace Maysview (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Yuonie Mayes

(b) Address 2541 Michigan

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 28-42 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director West, Appleton & Jones

(b) Address 905 Vine St.

19. (a) 11-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1942 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov. 13 1942 to Nov 24 1942 that I last saw him alive on Nov. 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus — Duration

Due to Post operative Sub-acute appendix

Due to 121.2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Sub-acute appendix-cholelithiasis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Glenn (M. D. or other)

Address 1214 Vine St. Date signed 11/27/42

(Licensed Embalmer's Statement on Reverse Side)

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. 2710

P. O. Address. Kansas City, Mo

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.