

FILED JAN 5 1949  
Registration District No. 13449

Primary Registration District No. 1002

Registrar's No. 5473

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:  
3609 Jefferson  
(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) 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City, Mo. <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>

(d) Street No. 3609 Jefferson  
(If rural, give location)

(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Martha Ellen Tisdale

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife A. F. Tisdale 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased 9 - 18 - 1848  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

95 - 3 - 3 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business At Home

12. Name Samuel Hunter

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

14. Maiden name Colliga Bryant

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

16. (a) Informant Harry M. Williams

(b) Address 3609 Jefferson

17. (a) Removal (b) Date thereof 12/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Mo

18. (a) Signature of funeral director Thine M. Clark

(b) Address Kansas City, Mo.

19. (a) 12-22-48 (b) D. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day Dec year 1948 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
Deputy Coroner  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Arteriosclerotic Heart Disease  
Due to \_\_\_\_\_  
93A

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Inspection

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)

(c) Means of injury \_\_\_\_\_

23. Signature D. C. Brown (M. D. or other) M. D.  
22 M. Clark Date 12/23/48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

---

---

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.

Signe

*John H Hurley*

Licensed Embalmer No. *4050*

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.**