

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1018A
Registrar's No. 1312

Registration District No. 149

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-28-44-3-20-44
(Specify whether years, months or days) 20 years

3. (a) PRINT FULL NAME OLA TYLER
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female Color or race Negro
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josiph Tyler
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased January 14 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 6
If less than one day hr. min.

9. Birthplace Holly Grove Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

12. Name Dick Williarson

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

14. Maiden name Ola Wagner

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2 removal

17. (a) (b) Date thereof 3/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holly Grove, Ark.

18. (a) Signature of funeral director Shaw Bros.
(b) Address 1729 Lydia

19. (a) 3-23-44 (b) N. C. 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. 1822 E. 22nd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1944 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from January 28, 1944 to March 20, 1944; that I last saw her alive on March 20, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
Duration

Due to Primary Carcinoma of breast P.O. Aug. 1943

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50
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 G. C. Brown (M. D. or other)
Address Law. Hosp. #12 600 E 22 Date signed 3/21/44

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

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

Signed..... *Jerome Marlowe*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.