

FILED JAN 17 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 72

1. PLACE OF DEATH: Jackson
 (a) County _____
 (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 #2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 minutes
(Specify whether
 In this community 4 years 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson 48
 (a) State _____ (b) County _____
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1023 Harrison ?
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ?

3. (a) PRINT FULL NAME Wayman Eugene Tiger
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 2
 year 1945 hour 6:30 minute A. M.

4. Sex Male 5. Color or race Col
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him/her _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
4 6 3 _____ hr. _____ min.

Duration _____
 Physician _____
 Underline the cause to which death should be charged statistically.

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

Other conditions 107
(Include pregnancy within 3 months of death)

10. Usual occupation _____
 11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy Inst - History

MOTHER FATHER {
 12. Name Dewey Tiger
 13. Birthplace Bristol Oklahoma
(City, town, or county) (State or foreign country)
 14. Maiden name Beulah Clark
 15. Birthplace Coffeyville Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Tiger
 (b) Address 1023 Harrison
 17. (a) burial (b) Date thereof 1/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Highland Cemetery
 18. (a) Signature of funeral director Starkins Bros
 (b) Address 1729 Lydia
 19. (a) 1-6-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature N. E. Brown (M. D. or other)
 Address 1832 Olive Date signed 1-4-45

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

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 *J. J. Manlove*
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.