

FILED DEC 12 1945

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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
4000 Highland Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community 1 yr 8 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4000 Highland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUSTA TILLMAN

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Tillman 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Aug 28 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Rias 11
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Wester
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Theresa Tillman
(b) Address 4000 Highland Ave
17. (a) Removal (b) Date thereof 11-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c). Place: burial or cremation Marquette Minn

18. (a) Signature of funeral director Frank A. ...
(b) Address Kansas City 16, Mo.
19. (a) 11-28-45 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28
year 1945 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from October 29, 1945, to Nov. 28, 1945;
that I last saw him alive on Nov. 27, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death: Adeno-Carcinoma of Left Breast, with metastatic foci, liver & skeletal system. Duration 4 yrs

Due to _____
Due to _____
Other conditions Hydrothorax, left due to
(Include pregnancy within 3 months of death)

Major findings: 50
Of operations _____
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: (1945)
(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)
Means of injury _____
23. Signature Thereldine Holmes (M. D. or other) _____
Address 315 Alameda Road, K.C., Mo. Date signed 28 Nov. 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 Frank A. Reising

Licensed Embalmer No. 3122

P. O. Address St. Louis, 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.