

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

FILED FEB 11 1946
Registration District No. **129**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Jackson**
(c) Name of hospital or institution: **Sabeside Hospital**
(d) Length of stay: In hospital or institution **4 hrs**
In this community **10 yrs**
years, months or days

3. (a) PRINT FULL NAME **Frank Harry Tillery**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Male** **5. Color or race** **w**
6. (b) Name of husband or wife **Sallie Tillery**
6. (c) Age of husband or wife if **72** years
7. Birth date of deceased. **6 9 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **18**
If less than one day hr. min.

9. Birthplace **Liberty Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**
Industry or business **Railroad**

11. (a) Informant **B. F. Tillery**
(b) Address **Liberty Mo**
(c) Birthplace **W. Va**
(City, town, or county) (State or foreign country)

17. (a) Burial **Saber side**
(Burial, cremation, or removal) (b) Date thereof **1 29 46**
(Month) (Day) (Year)

18. (a) Signature of funeral director **W. J. Smith**
(b) Address **Kansas City Mo**

19. (a) 1-28-46 (Date received local registrar)
(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **4002 Warwick Blvd**
(e) Citizen of foreign country? **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **27**
year **1946** hour **3** minute **P.M.**

21. I hereby certify that I attended the deceased from **1/1/44** to **1/27/1946**
that I last saw him alive on **1/27/1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Circulatory Collapse**
Myocardial Decompensation
Due to **Complete failure of**
portal circulation
Due to **Gal stones, Hepatitis**
+ enlargement of the liver
Other conditions: **chronic**
(Include pregnancy within 5 months of death)

Major findings:
Of operations: **none**
Of autopsy: **none**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **W. J. Smith** (M. D. or other) **no**
Address **2 E 39th, K.C. Mo** Date signed **1/27/46**

10-11-11

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.P. Sheil
Licensed Embalmer No. 3625

P. O. Address..... 15. E 210

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 467

On this 11th day of February, 1946, before me appears
Mrs. Sallie Tillery, who, upon her oath, states that the original record of ~~birth~~ death
for Frank Harry Tillery died Jan. 27, 1946 in the State of
Missouri, and which was filed at Kananda City on 1-28, 1946 should be corrected as follows:

Item No. 3 should read Frank Harry Tillery

Instead of Harry Tillery

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Sallie Tillery (wife)
Relationship

4002 Warwick T. C. Mo
Present Address.

Subscribed and sworn to before me this 11th day of February, 1946

My Commission expires Oct. 20, 1947 Carrie M. Puppelius Notary Public.

verified by doctor's record

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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