

Registration District No. 72

Primary Registration District No. 4289

Registrar's No. 121

1. PLACE OF DEATH:

(a) County CHAY
(b) City or town LIBERTY, MO. R.R. #2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 YEAR
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHAY
(c) City or town LIBERTY, MO. R.R. #2
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MR. FRANK TIFFIN

3. (b) If veteran, name war No

3. (c) Social Security No. 444-14-8799

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 10
year 1946 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec 1945 to Nov 10 1946
that I last saw him alive on Nov 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Duration 1 yr.

Due to Coronary Arteriosclerosis Indefinite

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy gnd
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 Glen W. Hendon (M. D. or other) MD
Address Liberty, Mo Date signed 11/10/46

4. Sex MALE 5. Color of race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. MARY A. TIFFIN

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JANUARY 7 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business GLASS INDUSTRY

12. Name HARRISON TIFFIN

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

14. Maiden name ELIZABETH SAPPINGTON

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

16. (a) Informant MRS. MARY A. TIFFIN

(b) Address LIBERTY, MO. R.R. #2

17. (a) BURIAL (b) Date thereof NOV-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills S.R.P.M.

18. (a) Signature of funeral director W. H. Newcomb

(b) Address 1401 BRUSH CREEK, R.C. MO

19. (a) Nov 12 - 1946 (b) Beulah Kitcher
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-23-46

MAR 4 1955

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 Melvin Miller

Licensed Embalmer No. 4407

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.