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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37215
Registrar's No. 2158

Primary Registration District No. 1002

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

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:
621 Locust Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 45 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 621 Locust Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maria William Tibbs
3. (b) If veteran, name war No
3. (c) Social Security No. 499-10-0990

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 7
year 1946 hour 2 minute 05 P.M.
21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Walter Tibbs
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 1, 1888/1881
(Month) (Day) (Year)

Immediate cause of death Hypertensive Heart Disease
Duration (?)
Due to _____
Due to Old-Age

8. AGE: Years 64 Months 11 Days 6
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy no-Permit

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

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

10. Usual occupation At Home
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

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?

14. Maiden name Unknown
(City, town, or county) (State or foreign country)
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Harry Reed
(b) Address 807 E. 24th St.
17. (a) Burial (b) Date thereof 11/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Walter Fred
(b) Address 1739 E. Lydia Avenue
19. (a) 11-12-46 (b) Alfredine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature Deputy Coroner (M. D. or other)
Address 2636 Brooklyn Date signed 11-8-46

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 Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highlam*

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.