

S. No. 2
OM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 20 1946
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4676

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 DAYS
5 YRS. (Specify whether
In this community _____
years, months or days)

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. 1709 MONTGALL 8
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK TINSLEY

3. (b) If veteran, name war No

3. (c) Social Security No. 511-09-7417A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 4,
year 1946 hour 6: minute 45 P. M.

4. Sex MALE 2/ 5. Color or race NEGRO

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

6. (b) Name of husband or wife Lucille Tinsley

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

7. Birth date of deceased MARCH 18 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from OCTOBER 24, 1946 to NOVEMBER 4, 1946; that I last saw h. IM alive on NOVEMBER 4, 1946; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death CARCINOMA OF PROSTATE WITH EXTENSION TO AND OBSTRUCTION OF RIGHT URETER AND METASTASIS TO LIVER AND RIBS 2. HYDRONEPHOSIS (RT.)
3. HYDROURETER (RT.)

Due to _____

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

10. Usual occupation COOK (RETIRED)

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

11. Industry or business _____

12. Name STEVE TINSLEY

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

14. Maiden name RACHEL

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

Major findings: 5/15

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant FRANK TINSLEY JR. (SON)

(b) Address 1709 MONTGALL

17. (a) Removal (b) Date thereof 11/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Missouri

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? _____

18. (a) Signature of funeral director Walter Bros.

(b) Address 1729 Lydia Avenue

19. (a) 11-7-46 (b) Weraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Frank Tinsley Jr. (M. D. or other) M. D.

Address GENERAL HOSPITAL NO. 2 Date signed 11/5/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 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.