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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5098
State File No. _____
Registrar's No. 526

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 8 days
In this community 32 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Martha Tanner
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Arthur A. Tanner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 11th. 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 3 22 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Jacob L. Smith

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

14. Maiden name Emma T. Smith

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

16. (a) Informant Mrs. Fay Keith

(b) Address 3838 Baltimore Avenue

17. (a) Burial (b) Date thereof 2 - 5 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 2-4-47 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3838 Baltimore
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1947 hour 3 minute 40 P.A.M.

21. I hereby certify that I attended the deceased from
Nov. 25 1946 to Feb. 3 1947;
that I last saw her alive on Feb. 3 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Duration _____

Due to _____

Due to _____

Other conditions Fracture right femur
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1860
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence 11-25-46

(c) Where did injury occur? K. C. Jackson, Mo.
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature Wm W. Hall (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 2-4-47

Dr. Whitman

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 *John E. Freeman*
Licensed Embalmer No. *481*
P. O. Address *K. C. 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.