S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9064

FILED APR 8 1947

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1390

1. PLACE OF DEATH:
(a) County Jackson.
(b) City or town K.C
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1515-E 12 St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson 49
(c) City or town K.C 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1515-E 12 St. 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES W. TLOVER,
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dont. KNOW (Month) (Day) (Year)

8. AGE: Years About 65 | Months | Days | If less than one day hr. min.

9. Birthplace Dont. KNOW (City, town, or county) (State or foreign country) 9
10. Usual occupation Janitor.
11. Industry or business
FATHER
12. Name Dont. KNOW 9
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name " 9
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Coroners Records.
(b) Address Court House 12-OAK.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-25-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas University LAWRENCE KANSAS.
18. (a) Signature of funeral director Brady-Brown
(b) Address 1708 Tracy
19. (a) 3-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 1947 hour 11 minutes 30 A. M.
21. I hereby certify that I attended the deceased from Deputy, 19 to Coroner, 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to
Other conditions Senility
(Include pregnancy within 3 months of death) 93d
Major findings:
Of operations
Of autopsy No—Permit

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. Williams (M. D. or other) D.C.
Address 2636-Brooklyn Date signed 3-24-47

(Licensed Embalmer's Statement on Reverse Side)

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 ..... [illegible]

Licensed Embalmer No. 1271

P. O. Address R. C. Ohio

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.