

S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13697
Registrar's No. 1598

Registration District No. 149 Primary Registration District No. 1002

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:
1224 WEST-51ST STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 46 YEARS years, months or days)

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. 1224 WEST-51ST STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miss VIRGINIA AUGUSTA TANNER

3. (b) If veteran, name war No 3. (c) Social Security No. 486-05-4282

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased JULY 21 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation CASHIER

11. Industry or business KANSAS CITY STAR

12. Name CHARLIE TANNER

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

14. Maiden name MARY A FELKER

15. Birthplace ARROW ROCK MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant E. A. WATTS

(b) Address 1224 W. 51

17. (a) BURIAL (b) Date thereof 4-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAN CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 4-7-47 (b) Straladine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5TH
year 1947 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from December 1945 to April 5, 1947
that I last saw her alive on April 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Tongue with cervical metastases Duration 2yrs

Due to _____

Due to _____

Other conditions: 458
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of tongue

Of autopsy _____

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) Means of injury 0

23. Signature David W. Kabinian (M. D. or other) _____

Address 1316 Prof. Bldg Date signed 5/14/47

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

MOTHER FATHER

