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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17657
Registrar's No. 2070

Registration District No. 149

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:
VINEYARD PARK HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days) 10 days

3. (a) PRINT FULL NAME Mrs. MARTHA TYRRELL

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 MR. FRANK A. TYRRELL

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

7. Birth date of deceased JUNE 20, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>10</u>	<u>18</u>	hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name CHRISTIAN GROTHMAN

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

14. Maiden name Anna Boos

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

16. (a) Informant Mrs. Evelyn Tinn

(b) Address 414 West 46th Terr.

17. (a) BURIAL (b) Date thereof 5-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Jr.

(b) Address 1401 - BRUSH CREEK BLYD.

19. (a) 5-9-47 (b) A. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24

(c) City or town BIRMINGHAM 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. ROBERTO RANCH 0
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 8TH
year 1947 hour 9 minute 22 A. M.

21. I hereby certify that I attended the deceased from 2 Apr 30, 1947 to May 8, 1947
that I last saw her alive on May 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to _____

Due to _____

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

Major findings: Of operations 107

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature D. M. Higgins (M. D. or other) M.D.

Address 725 Argyle St Date signed 5-8-47

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 Melvin Miller
Licensed Embalmer No. 4407
P. O. Address Kansas City 3 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.