

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21220**
Registrar's No. **2500**

FILED JUN 17 1947

Registration District No. **199**

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 **1 mo., 13 days**
(Specify whether years, months or days) **11 years**

3. (a) PRINT FULL NAME **Irene Tillotson**

3. (b) If veteran, name war **NO**
3. (c) Social Security No. **NO**

4. Sex **Fem** 5. Color or race **wht**
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Jos Tillotson**
6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **12 19 1908**
(Month) (Day) (Year)

8. AGE: Years **38** Months **0** Days **26**
If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business

12. Name **Ed McCullan**

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

14. Maiden name **Landra Mary**

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

16. (a) Informant **Jos Tillotson**

(b) Address **5117 Thompson**

17. **Removal** (b) Date thereof **6/6/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salisbury, Mo.**

18. (a) Signature of funeral director **Stine McClure**

(b) Address **Kansas City, Mo.**

19. (a) **6-7-47** (Date received local registrar)
Geraldine Holmes (Registrar's signature)

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. **5117 Thompson** **8**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5**
year **1947** hour **10** minute **5 P.** M.

21. I hereby certify that I attended the deceased from **April 22**, 19 **47** to **June 5**, 19 **47**
that I last saw her alive on **June 5**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of vertebral column & left kidney**
Left pyonephrosis with peri-nephritic abscess-Uremia
Due to

Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **16**
Of operations

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy **See above**

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? (c) Means of injury

23. Signature **W. W. Hart** (M. D. or other) **MD**
Address **Med. Dir. Gen'l Hosp.** Date signed **6-6-47**

Dr. [unclear]

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..... *Robert H Reed*
Licensed Embalmer No. *3745*
P. O. Address..... *HC 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.