

S. No. 2
M-12-45
v. 5-17-39
I X47070

27958

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 26 1947

3504

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
In this community 50 YRS. (Specify whether years, months or days)

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") 8
(d) Street No. 2420 WABASH U
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE TALL
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUGUST day 10,
year 1947 hour 10: minute 45 A. M.
21. I hereby certify that I attended the deceased from AUGUST
8, 19 47 to AUGUST 10, 19 47.
that I last saw h. ER alive on AUGUST 10, 19 47.
and that death occurred on the date and hour stated above.

4. Sex FEMALE ♀ Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Dudley Tall
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 25 1869
(Month) (Day) (Year)

Immediate cause of death ACUTE CARDIAC FAILURE Duration
RHEUMATIC HEART DISEASE
HYPERTENSIVE HEART DISEASE

8. AGE:	Years	Months	Days	If less than one day
	<u>78 77</u>	<u>7 2</u>	<u>15</u>	hr. _____ min.

Due to _____
Due to _____

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

Other conditions _____ (Include pregnancy within 3 months of death) 930
Major findings:
Of operations _____
Of autopsy SAME AS ABOVE

10. Usual occupation COOK

11. Industry or business _____
12. Name MOSE LINCOLN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name LETHA JENKINS
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

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) _____

16. (a) Informant ANNA WILSON (DAUGHTER)
(b) Address 2420 WABASH

23. Signature _____ (M. D. or other) M. D.
Address GENERAL HOSPITAL NO. 2 Date signed 8/12/47

17. (a) 1 Bm (Burial, cremation, or removal) (b) Date thereof 8-14-47
(Month) (Day) (Year)
(c) Place: burial or cremation St. Minnie Rm Cem

18. (a) Signature of funeral director Walter R. Brown
(b) Address 1228

19. (a) 8-14-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

J. Manlove

Licensed Embalmer No. *3994*

P. O. Address.....

2503 Highland

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.