V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27959

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3344

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: 3610 Agnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 43 years
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")
(d) Street No. 3610 Agnes 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

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

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Duffy Talle
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased February (Month) 22, (Day) 1886 (Year)

8. AGE: Years 61 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Atchison, (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Sales Tax Auditor
11. Industry or business State Dept. of Revenue
FATHER
12. Name Peter Talle
13. Birthplace Unknown (City, town, or county) Norway (State or foreign country) 4
MOTHER
14. Maiden name Margaret Lane
15. Birthplace Unknown (City, town, or county) New York (State or foreign country)
16. (a) Informant Mrs. Mary D. Talle
(b) Address 3610 Agnes, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 8-6-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1947 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from 7/22, 1947, to 8/6, 1947;
that I last saw him alive on 8/3, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of urinary bladder	3 yrs approx.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Same 52 b
Of autopsy —

PHYSICIAN
Underline the cause of 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
23. Signature Wiener F. Landau (M. D. ~~or other~~) 0
Address 820 Professional Bldg. Date signed 8/6/47
K.C. Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Sanders,
8th flr. Prof.
This P. M.
until 4 ocs

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 Russell N France

Licensed Embalmer No. 4255

P. O. Address K C 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.