

No. 2  
M-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8941**  
Registrar's No. **1278**

FILED APR 12 1948

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:  
**1030 W. 53 Terrace x /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **55 Yrs**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. John Sloan Tough**

3. (b) If veteran,  name war **no**

3. (c) Social Security No.  **none**

4. Sex **Male**

5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **X**

6. (c) Age of husband or wife if alive  **5** years **1866**

7. Birth date of deceased: **Sept.** (Month) **5** (Day) **1866** (Year)

8. AGE: Years **81** Months **6** Days **14**  
If less than one day hr. / min.

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

10. Usual occupation **Retired Stockman**

11. Industry or business

12. Name **Wm. Sloan Tough**

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

14. Maiden name **Harriett E. Abernathy**

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

16. (a) Informant **Mrs. F. Russell (Neice)**

(b) Address **824 Westover Rd.**

17. (a) **Cremation** (b) Date thereof **3-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cem. Stine & McClure**

18. (a) Signature of funeral director **Kansas City, Mo.**

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

19. (a) **3-22-48** (Date received local registrar)

(b) **Steraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1030 W. 53 Terrace**  
(If rural, give location)

(e) Citizen of foreign country? **no**  **X** (Yes or No)

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19** Th year **1948** hour **12** minute **50** P. M.

21. I hereby certify that I attended the deceased from **Feb 28** 1948, to **March 18** 1948, that I last saw him alive on **March 16** 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema + bronchitis**

Due to **arterio-sclerotic heart disease 10 yrs + bronchitis**

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none 938**

Of autopsy **none**

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 **0** (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **Franklin D. Hughes** (M. D. or other) Address **1220 Prof. Bldg.** Date signed **3/24/48**

Pres. Kelly

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**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.....

..... *May E. Meyer* ....., Registered Apprentice No. *49*  
working under my personal supervision.

Signed *J. Blair Shepard* .....,  
Licensed Embalmer No. *4179*  
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.**