

S. No. 300
M-10-47
7-5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26640
Registrar's No. 3034

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:
St. Joseph Hospital

(d) Length of stay: In hospital or institution... 24 hours
(Specify whether In this community... 12 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Leona E. TIERNEY

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

3. (c) Social Security No. 492-18-0893

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife... Julian E. Tierney

6. (c) Age of husband or wife if alive... 40 years

7. Birth date of deceased... May 10, 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

29 2 13 hr. min.

9. Birthplace... Wilbur, Washington
(City, town, or county) (State or foreign country)

10. Usual occupation... Housewife

11. Industry or business... At home

12. Name... Emil Meisch

13. Birthplace... Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name... Elizabeth Schoen

15. Birthplace... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant... Mr. Julian E. Tierney

(b) Address... 1217 E. 41st St., K.C., Mo.

17. (a) Burial (b) Date thereof... 7-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Calvary Cemetery

18. (a) Signature of funeral director... Mollody-McGilley-Eyler

(b) Address... Kansas City, Missouri

19. (a) 7-24-48 (b) Geraldine Holm
(Date received local registrar) (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. 1217 E. 41st Street 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 July day 23
year 1948 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12-22, 1947, to July 23, 1948
that I last saw her alive on July 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death... Melano-Sarcomatous
Due to... primary site, left forehead
Other conditions... 53
(Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy... Melano-sarcoma & metastases to all organs

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) (e) Means of injury _____

23. Signature... N. Kermit Moch (M. D. or other)
Address 1103 Grand Ave. K.C. Mo. Date signed 7/23/48

Duration 5 MO

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 2229
YCC

P. O. Address.....

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.