

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40386**  
Registrar's No. **5152**

FILED DEC 29 1948

149

Registration District No. \_\_\_\_\_

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:  
**Conley Maternity Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 Days**  
In this community **7 Days** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1316 Summitt**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **James Harley Tennison**  
(b) If veteran, name war **No**  
(c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **December** day **18th.**  
year **1948** hour **11** minute **55 A.M.**  
**21. I hereby certify that I attended the deceased from** **Dec 11-48**  
**to** **Dec 18, 1948**  
that I last saw him alive on **Dec 18, 1948**  
and that death occurred on the date and hour stated above.

**4. Sex** **Male** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Single**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **12 11 1948**  
(Month) (Day) (Year)

**Immediate cause of death**  
**Labor (Consolidated)**  
**Pneumonia** **8 hrs**  
**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_

**8. AGE:** Years **0** Months **-** Days **7**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** **None**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Freddie Tennison**  
**13. Birthplace** **Arkansas**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Edith Johnson**  
**15. Birthplace** **Arkansas**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mr. Freddie Tennison**  
**(b) Address** **1316 Summitt**

**17. (a) (Burial, cremation, or removal)** **Removal** **(b) Date thereof** **12-18-1948**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Hasty Arkansas**

**18. (a) Signature of funeral director** **Mrs. C.L. Forster**  
**(b) Address** **Kansas City, Mo.**

**19. (a) (Date received local registrar)** **12-18-48** **(b) (Registrar's signature)** **Seraldine Holman**

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
**Major findings:** \_\_\_\_\_  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_

**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?  
**S. I. Whim**

**23. Signature** **S. I. Whim** **(M. D. or other)** \_\_\_\_\_  
**While at work?** \_\_\_\_\_ **(Specify type of place)** \_\_\_\_\_  
**(b) Means of injury** \_\_\_\_\_  
**Address** **722 S W Blvd** **Date signed** **12-18-48**

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

MOTHER FATHER

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

TC 0200

Dr. S. I. Whim  
722 South West Blvd.  
VI 4740

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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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address K. O. No

**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.**