

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30621

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3695

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>WIFE</u>		d. STREET ADDRESS (If usual, give location) <u>7711 WALNUT STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7711 WALNUT STREET</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>CAMERON</u> c. (Last) <u>TINKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-26-1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>SEPT-12-1886</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY*MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL BOARD</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>JOSEPH TINKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DILLON</u>	
14. NAME OF HUSBAND OR WIFE <u>LEONA TINKER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO ONE</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>LEONA TINKER</u>		ADDRESS <u>7711 WALNUT STREET KANSAS CITY, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of Right Lung PRIMARY</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 mts</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>162*</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from Nov. 12, 1948, to Aug 25, 1949, that I last saw the deceased alive on Aug 25, 1949, and that death occurred at 12:45 A.M., from the causes, and on the date stated above.

22a. SIGNATURE <u>Raymond W. O'Brien M.D.</u>		22b. ADDRESS <u>231 W. 47th K.C. Mo</u>		22c. DATE SIGNED <u>Aug 26, '49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 27 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>		24e. NAME OF CEMETERY OR CREMATORY <u>P. W. NEWCOMER'S HOME</u>		24f. ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>	

DATE REC'D BY LOCAL REG. <u>8-27-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. W. Newcomer's Home</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John E. Fraking*

Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.