

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13286
State File No. 1648
Registrar's No.

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

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) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>2416 E. 31 st.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>E.</u>	
c. (Last) <u>Tarr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1950</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>Mar. 20 1887</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Elijah Tarr</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha William</u>		14. NAME OF HUSBAND OR WIFE <u>Lula E. Tarr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lula Edith Tarr</u> ADDRESS <u>2416 E 31st St. Jackson Mo</u>
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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid 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. INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar 29, 1950</u> , to <u>Apr 6, 1950</u> , that I last saw the deceased alive on <u>Apr 6, 1950</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Leo Vogau</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>3826 Troost Ave.</u>	
23c. DATE SIGNED <u>4/7/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>4-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Green Lawn Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbus Kansas</u>		DATE REC'D BY LOCAL REG. <u>4-7-50</u>	
REGISTRAR'S SIGNATURE <u>Gertrude Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tony W. Daniels</u> ADDRESS <u>906 Shawnee St. K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side) Daniels Bros.

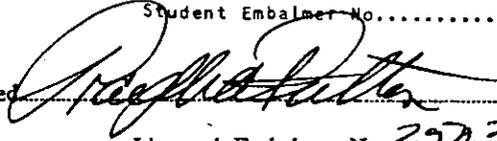
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

..... Student Embalmer No.

Signed 

Signed.....
Student Embalmer

Licensed Embalmer No. 3503

P. O. Address 1319 N 18th / PC Home

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.