No. 300
10-48

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

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13297

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1728

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 28 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: MO.
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3229 GARNER

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): DAVID
c. (Last): TICKNOR

4. DATE OF DEATH (Month) (Day) (Year): APR. 12 1950

5. SEX: M. 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: AUG. 24 1872
9. AGE (In years last birthday): 77
If under 1 year: Months ____ Days ____
If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. TRAINMAN
10b. KIND OF BUSINESS OR INDUSTRY: Mo. Pac. R.R.
11. BIRTHPLACE (State or foreign country): FONTANA KANS.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ANDREW JACKSON TICKNOR
13b. MOTHER'S MAIDEN NAME: JOHANNA WRIGHT
14. NAME OF HUSBAND OR WIFE: EFFIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: ROBT. TICKNOR
ADDRESS: 5812 WABASH KC.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Carcinomatosis — ?
DUE TO (c): Carcinoma of prostate — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — ? 17 yr
~~Generalized arterio sclerosis~~

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 22, 1950, *to* April 12, 1950, *that I last saw the deceased alive on* April 11, 1950, *and that death occurred at* 2:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Castles (Degree or title): M.D.
23b. ADDRESS: 1002 Wyoming Bldg. Kansas City Mo.
23c. DATE SIGNED: Apr. 13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR. 14 1950
24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH
24d. LOCATION (City, town, or county) (State): K.C. MO.

DATE REC'D BY LOCAL REG.: 4-13-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: H. Blackmar & Son
ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3453

P. O. Address 7825 IND. BLVD

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.