

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG. DIST. NO. 2399A

1002

Registrar's No.

216

1. PLACE OF DEATH: 2

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6009 Peery
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 33 years
years, months or days

3. (a) PRINT FULL NAME LEONARD TACKETT

3. (b) If veteran, name war None

3. (c) Social Security No. 486-01-4121

4. Sex M

5. Color or race W

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 July 2 1882
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>57</u>	<u>6</u>	<u>12</u>	hr. -- min.

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

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER {

12. Name William Thomas Tackett

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

14. Maiden name Mary Ellen Culver

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

16. (a) Informant's own signature Mrs. E.L. Radley

(b) Address 6009 Peery, K.C. Mo.

17. (a) Burial (b) Date thereof Jan. 16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director C.H. Slackman & Son, Inc.

(b) Address 2825 Inden Blvd. K.C. Mo.

19. (a) Jan. 16, 1940 (b) M.M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 6009 Peery
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 1-14-40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3:00 A.M.
Deputy Coroner 19____ to 19____;
the deceased was alive on _____, 19____;
and the death occurred on the date and hour stated above.

Immediate cause of death _____

Acute pulmonary congestion
Chronic diffuse myocardial fibrosis
Coronary sclerosis q3c

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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

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) (Cause of injury)

23. Signature M.M. Brown M.D. or other _____
Address K.C. Mo. Date signed _____

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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address R. C. 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, above space should be left blank.