

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1995

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:
Schuyler Hotel 1017 Locust St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 40 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. Edward Henry Tellam 150

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Agnes Tellam 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased December 4 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 8 hr. min.

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

10. Usual occupation Insurance Business 7

11. Industry or business Retired 2

MOTHER FATHER { 12. Name Unknown Tellam 1
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Tellam
(b) Address 300 E - 11th

17. (a) Burial (b) Date thereof May 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 13, 1940 (b) H. M. Brown
(Date received local registrar) (Registrar's signature)

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. Schuyler Hotel, 1017 Locust St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1940 hour 2 minute A.M. M.

21. I hereby certify that I attended the deceased from May 8th, 1940, to May 12th, 1940
that I last saw him alive on May 12th (1 A.M.), 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chrom Myocarditis 5 yrs.

Due to senility 93
Due to 93

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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)
(e) Means of injury, _____

23. Signature H. S. Pringle (M. D. or other)
Address 1215 Reals Bldg Date signed 5/13/40

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

H. S. Rente
1215 Realty
12-3

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.....

Licensed Embalmer No.....

P. O. Address.....

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.