No. 2
-4-13-40
5-17-39
I X23159

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

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1384

State File No. 344

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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: 1017 Holmes st (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) Unknown

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 48

(d) Street No. 1017 Holmes st (If rural, give location) 8

(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME THOMAS L TULLIS

3. (b) If veteran, name war No

3. (c) Social Security No. 496-10-4565

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Tullis

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec (Month) 24 (Day) 1873 (Year)

8. AGE: Years 67 Months Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Retired

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Mary Bryne

15. Birthplace (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Clara Tullis

(b) Address 1017 Holmes st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ed Thiessen

(b) Address 2512 Holmes st

19. (a) Jan 23 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 1-18-41

year hour minute 3 M.

21. I hereby certify that I attended the deceased from 1 30 a. , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema

Due to Acute myocardial infarction

Due to Acute coronary occlusion

Other conditions Coronary sclerosis 94 a (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address K. C. Mo Date signed

(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 me

....., Registered Apprentice No. [illegible]

working under my personal supervision.

Signed P G Theisen

Licensed Embalmer No. 236 F

P. O. Address 2512 Halm St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.