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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **2872**

Registration District No. **398**

Primary Registration District No. **5554**

Registrar's No. **34**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Mo.

(c) Name of hospital or institution: #1 - No. River Blvd.
(If not in hospital or institution, write street number or location)

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

In this community 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. #1 - No. River Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES L. TALLANT.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Stetruide M. Tallant

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

7. Birth date of deceased May 4 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Robert-Keith Sura. Co.

12. Name Dennis Tallant

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

14. Maiden name Caroline M. Hoff

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Stetruide M. Tallant

(b) Address Independence, Mo.

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

(c) Place: burial or cremation Woodlawn Hills

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) Jan. 27, 41 (b) J. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1941 hour 10:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 3, 1940
Jan 24, 1941, 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 Cerebral Arteriosclerotic change
stroke

Due to Cardio-vascular renal disease
& hypertension 1939

Due to _____

Other conditions (include pregnancy within 3 months of death) 1940

Major findings: Of operations no operation.

Of autopsy no autopsy

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? no

1 (Specify type of place)
While at work? (e) Means of injury _____

23. Signature C. Haller (M. D. or other) M.D.
Address Independence, Mo. Date signed 1-29-41

Duration July 14 - 1941
stroke

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

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 *Ralph E. Miller*

Licensed Embalmer No. *4124*

P. O. Address *Indy 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, fact should be so stated above.