

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 074

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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 39 yrs  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

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. 3442 E. 7th St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_  
39 Years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th  
year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-7-41, 19\_\_ to 2-13-41, 19\_\_;  
that I last saw him im alive on 2-13-41, 19\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism

Due to Peptic ulcer

Due to \_\_\_\_\_

Other conditions Acute cardiac dilatation with congestion of lungs

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above

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)  
Means of injury \_\_\_\_\_  
23. Signature Dr. R. Thom (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Joe Tindall

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife Eliza Tindall 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 17 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation: carpenter

11. Industry or business \_\_\_\_\_

12. Name Benjamin Tindall

13. Birthplace: England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Shakesphier

15. Birthplace: England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Cornelia Smith

(b) Address 711 west 24 St Independence Mo.

17. (a) Burial (b) Date thereof Feb. 17 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 2/15/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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

Serial

**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. ....  
working under my personal supervision.

Signed

*J. Clark Stupper*

Licensed Embalmer No. *4149*

P. O. Address *F. C. Me*

**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.**