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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20627

State File No. _____

2157

FILLED JUL 7 1941

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:
4107 McGee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 20 years
years, months or days

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. 4107 McGee
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-31-41 year _____ hour _____ minute 3:30 P. M.

21. I hereby certify that I attended the deceased from _____ 19____
that I saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart Failure
Hypertensive myocardium
Chlorophyll Hypo-nephrosis
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of 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?

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

23. Signature Dwight W. Crowe (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULLNAME Charles Edwin Talley

3. (b) If veteran, name war No 3. (c) Social Security No. 494-12-2896

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

6. (b) Name of husband or wife Maude M. Talley 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 6th 1872
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 68 | 9 | 25 | hr. _____ min. _____ |

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

10. Usual occupation Machinist

11. Industry or business P. E. Rees Machine Shop

12. Name William Talley

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

14. Maiden name Louisa Tate

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

16. (a) Informant Maude M. Talley

(b) Address 4107 McGee

17. (a) Burial (b) Date thereof June 3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

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

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) 6/3/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

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 Gerald F. Walsh
..... Licensed Embalmer No. 4172
..... P. O. Address 15 E. 11th St.

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.