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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20714

State File No. _____

Registration District No. 411FD JUL 3 1941

Primary Registration District No. 1002

Registrar's No. 2244

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:
O Research Hospital
(If not in hospital or institution, write street number by location)

(d) Length of stay: In hospital or institution 3 hrs
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Babe Tillet B'

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Boy 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased: May 31, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 12 If less than one day
_____ hr. 5 min.

9. Birthplace: Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Newspaper

11. Industry or business _____

MOTHER FATHER { 12. Name Bruce Donald Tillet

{ 13. Birthplace Turney Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Rosena James

{ 15. Birthplace Michigan Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Research Hospital

(b) Address 95th & Holmes

17. (a) Cremation (b) Date thereof June 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Research Hospital

18. (a) Signature of funeral director None

(b) Address _____

19. (a) 6/11/1941 (b) M. M. Crow
(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. 4236 Rocklan
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1941 hour 12 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 31
10:30 AM, 1941, to May 31
5:00 PM, 1941,
that I last saw him alive on May 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Retroplacental hemorrhage

Due to _____

Due to 160c

Other conditions: 160c
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 Non-lesley Guppy MD (M. D. or other) _____

Address 217 Progressive Party Date signed 6/11/41

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.....

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.