

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: **8 & Broadway**
(If not in hospital or institution, write street number or location)

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

In this community **Since 1903**
years, months or days

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")

(d) Street No. **3541 Beacon St.**
(If rural, give location)

(e) Citizen of foreign country? **Austria** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Tence**

3. (b) If veteran, name war **No** (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 **Josephine Tence** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Dec. 28, 1875**
(Month) (Day) (Year)

8. AGE: Years **68** Months Days If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6-16-41** day _____ hour _____ minute _____

21. I hereby certify that I attended the deceased from _____ to _____ 19____
that I last saw him _____ alive on _____ and that he died _____ on the date and hour stated above.
Immediate cause of death _____

9. Birthplace **St. Croice, Austria**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stone Mason**

11. Industry or business **W. P. A.**

MOTHER { 12. Name **Christian Tence**

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

14. Maiden name **No record**
(City, town, or county) (State or foreign country)

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

FATHER { 16. (a) Informant **Mrs. Josephine Tence**

(b) Address **3541 Beacon St**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 19, 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **Thos. E. Quirk**

(b) Address **4316 Troost**

19. (a) **6/18/41** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

Duration _____

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (Specify means of injury)

23. Signature **M. M. Crowe** (M. D. or other) _____

Address _____ Date signed _____

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

48
3
8

040
3
8

AUG 13 1941

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.....

Thomas C. Jewell

Licensed Embalmer No. 3775

P. O. Address K. P. No

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.