

S. No. 3
1-14-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30550**

FILED OCT 13 1941

Registrar's No. **3307**

Registration District No. **379**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson,**
 (b) City or town **Kansas City,**
 (c) Name of hospital or institution: **St. Mary's Hospital,**
 (d) Length of stay: In hospital or institution **Since 6-18-41**
 In this community **13 years,**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri,** (b) County **Jackson,**
 (c) City or town **Kansas City,**
 (d) Street No. **219 West 38th St.,**
 (e) Citizen of foreign country? **X** (Yes or No)
 If yes, name country **X**

3. (a) PRINT FULL NAME **Hoyt D. Tilford,**
 3. (b) If veteran, name war **Yes,** 3. (c) Social Security No. **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **1st**
 year **1941** hour **9:45** minute **A** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married,**
 6. (b) Name of husband or wife **Mrs. Edith Tilford,** 6. (c) Age of husband or wife if alive **X** years
 7. Birth date of deceased **SEPTEMBER 22 1889**

21. I hereby certify that I attended the deceased from **12-21-1940** to **8-30-1941**
 that I last saw him alive on **8-30-1941**
 and that death occurred on the date and hour stated above.

8. AGE: Years **51** Months **11** Days **9** If less than one day hr. min.

Immediate cause of death **Brain tumor**
 Due to **Brain tumor (malignant)**

9. Birthplace **TENNESSEE**
 10. Usual occupation **Salesman,**

Due to **5/12**
 Other conditions **5/12**
 (Include pregnancy within 8 months of death)

MOTHER FATHER
 11. Industry or business **X**
 12. Name **WILLIAM E. TILFORD**
 13. Birthplace **INDIANA**
 14. Maiden name **MARTHA HARRIS**
 15. Birthplace **INDIANA**

Major findings: **548**
 Of operations
 Of autopsy

16. (a) Informant **Mrs. Edith Tilford,**
 (b) Address **219 West 38th St., Kansas City, Mo**
 17. (a) **Burial** (b) Date thereof **9-3-41**
 (c) Place: burial or cremation **Floral Hill**

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

18. (a) Signature of funeral director **Stine & McClure,**
 (b) Address **3235 Gillham Plaza, K. C. Mo.**
 19. (a) **9/3/41** (b) **M. M. Clow**
 (Date received local registrar) (Registrar's signature)

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place) (e) Means of injury

While at work
23. Signature **W. D. Swell** (M. D. certifier)
 Address **1010 Readio** Date signed **9-2-41**

OCT 2

OCT OCT 20 1941

Drs. Deweese

748 2470

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address N. C. 740

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.