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K26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33917

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3857

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs. 45 min. (Specify whether
In this community 6 hrs 45 min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. General Hospital #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME INFANT TINSLEY #1

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

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 12 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. 45 min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation None
11. Industry or business

FATHER
12. Name Charles Tinsley
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Bernice Knox
15. Birthplace (City, town, or county) Oklahoma (State or foreign country) 1

16. (a) Informant Record Clerk
(b) Address General Hospital #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Leeds
18. (a) Signature of funeral director Wm A. Lohmeyer
(b) Address City Mortician
19. (a) 10/15/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1941 hour 8 minute 45 p.M.

21. I hereby certify that I attended the deceased from Oct. 12, 1941
2:00 p.m. 19 to 8:45 p.m. 19
that I last saw him alive on October 12 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity 6 months	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 59	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~) 0
Address Gen. Hosp #2-600 E 22nd Date signed 10-15-41

(Licensed Embalmer's Statement on Reverse Side)

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.