

No. 2
4-13-40
-17-39
X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37324

State File No. _____

DEC 22 1941 399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4118

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. & 12 days
(Specify whether years, months or days)

In this community 6 years

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. 2554 Holmes St.
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES C. TENNIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 70

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

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

7. Birth date of deceased Oct. 24th 1869
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>72</u> | <u>-</u> | <u>12</u> | hr. min. |

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

10. Usual occupation None

11. Industry or business _____

12. Name Oliver Tennis

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

14. Maiden name Lucinda Lipsinger

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

16. (a) Informant Record Clerk

(b) Address K.C. General Hospital

17. (a) Removal (b) Date thereof 11-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Mo

18. (a) Signature of funeral director W. E. Owen

(b) Address Stockton Mo

19. (a) 11-5-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th
year 1941 hour 2:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 8-24-41, 19____, to 11-5-41, 19____;
that I last saw him alive on 11-5-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx

Due to 470

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy None

Duration _____
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) (e) Means of injury 0
23. Signature Wm. R. Thorn (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed 11-5-41

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

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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 *Harry E. Jolley*
Licensed Embalmer No. *4078*

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, fact should be so stated above.