

Registration District No. 1399

Primary Registration District No. 1002

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: Conley Clinic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
In this community 2 Years
(Specify whether years, months or days)

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. 3139 Main
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Harry H. Tilley

3. (b) If veteran, name war No 3. (c) Social Security No. 480-09-1928

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Tilley 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 3 18 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk A.&P. Grocery Store

11. Industry or business _____

MOTHER FATHER

12. Name Ernest A. Tilley
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Hannie B. Spray
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O.R. Ives
(b) Address 7403 Lydia, K.C. Mo.

17. (a) Removal (b) Date thereof 7-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Moines, Iowa

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Mo.

19. (a) 7/8/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th.
year 1942 hour 6 minute 32 A.M.

21. I hereby certify that I attended the deceased from 7/2/42
19 42 to 7/8/42 19 42
that I last saw him alive on 7/7/42 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Right pulmonary embolism probably secondary to lobar pneumonia

Due to lobar pneumonia

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: paracostal thoracic revealed thick creamy pus.
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)
(e) Signs of injury _____
23. Signature Dr. G. N. Bellum
Address 2105 Independence Ave. Date signed 7/8/42

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

MC

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. Mo.

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.