

Registration District No. **149** 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**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2805 Vine Street /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **over 50 years**
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. **2805 Vine Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Amy Lucia Tillman**

3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**

4. Sex **Fe** **5. Color or Race** **Col** **6. (a) Single, widowed, married, divorced** **Widowed**

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

7. Birth date of deceased **October 10, 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **8** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace _____ **Pa.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name _____ **Dodds**

13. Birthplace _____ **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace _____ **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Portia Johnson**

(b) Address **2805 Vine Street**

17. (a) burial **(b) Date thereof** **7/3/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Hatkins Bros**

(b) Address **1729 Lydia**

19. (a) 7-5-43 **(b) P. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30**
 year **1943** hour **9:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 1st 1943 to June 30th 1943**
 that I last saw **her** alive on **June 30th 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Sanitary 930
 Due to _____ **1 yr**
 Due to **Heart's arteritis** **2 weeks**

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **None**
 Of operations: **None**
 Of autopsy: **None**
 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) (Means of injury)

23. Signature **Thos H. Donald** (M. D. or other)
 Address **1612 E 13th** Date signed **7/2/43**

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

Jerome Manlove

Licensed Embalmer No. *3194*

P. O. Address *2503 Highland*

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.