

FILED JAN 5 1949  
Registration District No. **1999**

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:  
**826 E. 24th /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **About 40 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **K.C.**  
(d) Street No. **826 E. 24th**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John H. Tollett**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **# unknown**

4. Sex **M** 5. Color or Race **W Col** 6. (a) Single, widowed, married, divorced **Mar**  
(b) Name of husband or wife **Priscilla Tollett** 6. (c) Age of husband or wife if alive **unk** years  
7. Birth date of deceased **12-18-1884**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>58</b>	<b>11</b>	<b>25</b>	hr. _____ min.

9. Birthplace **Fayetteville Ark.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Train Porter**

11. Industry or business **Santa Fe R.R.**

MOTHER FATHER  
{ 12. Name **Jennis Tollett**  
{ 13. Birthplace **Unknown** 9  
{ 14. Maiden name **Jane Lewis**  
{ 15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Priscilla Tollett**

(b) Address **826 E. 24th**

17. (a) **Burial** (b) Date thereof **12-19-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address **2000 E. 12th St. Kansas City Mo**

19. (a) **12-20-43** (b) **J. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **13** year **1943** hour **4** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Dec 12**, 1942, to **Dec 13**, 1942, that I last saw him alive on **Dec 10**, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Insufficiency** Duration **1 yr.**

Due to \_\_\_\_\_  
Due to **92a**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **Wm H Dyer** (M. D. or other) \_\_\_\_\_

Address **Kansas City Mo** Date signed **12/14/43**

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

1968713

**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 Ch. T. Morris

Licensed Embalmer No. 948

P. O. Address Kansas City, 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.**