

FILED FEB 24 1944

State File No. _____

693

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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: Trinity Lutheran
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
In this community 17 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3834 College
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Francis Tarwater

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

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

7. Birth date of deceased Nov. 23, 1926
(Month) (Day) (Year)

8. AGE: Years 17 Months 2 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER

12. Name Nolan Tarwater

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

14. Maiden name MARGARET Meaney

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

16. (a) Informant Nolan Tarwater

(b) Address 3834 College

17. (a) Burial (b) Date thereof Feb 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST MARY'S

18. (a) Signature of funeral director Thos. E. Quirk Funeral Home

(b) Address 4316 Troost Ave.

19. (a) 2-11-44 (b) T. E. Brown
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th.
year 1944 hour 8.45 P. minute _____ M.

21. I hereby certify that I attended the deceased from 1-17-44
19 _____ to 2-9-44 19 _____
that I last saw him alive on 2-9-44 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac decompensation 2 mo

Due to Rheumatic fever 3 yrs

Cardiac hypertrophy

Adhesive pericarditis

Ascites, Pleural effusion

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations _____

Of autopsy an alone GSC

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? _____

(Specify type of place) _____
(Specify type of injury) _____

23. Signature Gerald B. Peers, M.D.

Address Trinity Hospital Date signed 2-9-44

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

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 Thomas E. Jurek

Licensed Embalmer No. 3775

P. O. Address N. C. Md

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.