

U.S. No. 2
FORM-5-43
Rev. 5-17-39
1 X36671

FILED FEB 24 1944

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **731**

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:
MR. CHARLES H. HARMES 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 **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. **6115 HOLMES STREET**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **MR. CHARLES HARLAN TENNYSON**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS. ANNA TENNYSON** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **AUGUST-30-1867**
(Month) (Day) (Year)

8. AGE: Years **76** Months **5** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **PALESTINE ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **ENGINEER - RETIRED**

11. Industry or business **SANTA FE R.R.**

12. Name **WILLIAM J. TENNYSON**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **Harry Tennyson**
(b) Address **6115 Holmes St 1516 Mo**

17. (a) **REMOVAL** (b) Date thereof **FEB-14-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. CARMEL ILLINOIS**

18. (a) Signature of funeral director **W. H. Newcomer's Son**
(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **2-14-44** (b) **D. C. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **12**TH
year **1944** hour **11** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Jan 30** 1944, to **Feb 12** 1944,
that I last saw him alive on **Feb 9** 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage - left hemisphere**

Due to **Generalized and Cerebral Arteriosclerosis**

Other conditions **Heart Block (Paroxysmal)**

Major findings: Of operations _____

Of autopsy **830**

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 **Joseph E. Kelly** (M. D. or other) **MD**
Address **876 Prof Bldg** Date signed **2/13/44**

Duration **5 days**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Kansas City Mo

11-12-30
Doubility Hospital

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

A. C. Newcomer Jr.

Licensed Embalmer No. *4843*

P. O. Address *A. C. Newcomer Jr.*

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.