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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1221

FILED APR 6 1944
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH: Jackson

(a) County... Jackson

(b) City or town... Kansas City

(c) Name of hospital or institution: St. Joseph Hospital

(d) Length of stay: In hospital or institution... 2 days

In this community... 2 days

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson, 3

(c) City or town... Kansas City, 8

(d) Street No. 1308 Cherry

(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Charlene Tinsley

3. (b) If veteran, name war... no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced, infant

6. (b) Name of husband or wife... X

6. (c) Age of husband or wife if alive... X years

7. Birth date of deceased: March 14 1944

8. AGE: Years Months Days If less than one day

- - 2 hr. min.

9. Birthplace: Missouri (City, town, or county) - K6 (State or foreign country)

10. Usual occupation X

11. Industry or business X

MOTHER FATHER { 12. Name Charles Tinsley

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

14. Maiden name Shirley Bohner

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

16. (a) Informant Mrs. Stella Tinsley.

(b) Address 1308 Cherry, Kansas City, Mo.

17. (a) Burial (b) Date thereof 3-20-44

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine & McClure.

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 3/17/1944 (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1944 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from 3/14 14X to 3/16 1944 that I last saw her alive on 3/15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Crematurity

Due to

Due to

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

Major findings: Of operations: 159

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)

23. Signature: H. H. H. (M. D. or other) M.D.

Address: 1022 Argyle Date signed: 3/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. H. R. Trippe

arranged by Blady

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 *John G. Hurley*
Licensed Embalmer No. *2058*
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.