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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. [illegible]

Registrar's No. 1391

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:
120 East 43rd Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 120 East 43rd Street,
(If rural, give location)

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Cecelia Tillman Rosenthal

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 Widowed 2

6. (b) Name of husband or wife Alex Rosenthal

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

7. Birth date of deceased May 16 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	10	8	hr. min.

9. Birthplace Texas /
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Emanuel M. Tillman
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Hess
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frances E. Rosenthal,
(b) Address 120 E. 43, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 3-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 3-26-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1945 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from I/17/45
III/24/45 to 19
that I last saw her alive on III/23/45 19
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block

Due to Coronary insufficiency

Due to Hardening of arteries

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

95 C 3

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)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 424 Profess Bldg Date signed III/4/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert Uhlman

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address KC 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.