V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. [illegible]

Registrar's No. 1891

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 20 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. 1933 Hardy (inter city)
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RECTOR R. TATHAM

3. (b) If veteran, name war No

3. (c) Social Security No. 432-10-8115

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 6, 1882
(Month) (Day) (Year)

8. AGE: Years 62 | Months 7 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace Carroll County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Custodian

11. Industry or business N. E. High School

FATHER
12. Name Matthew Tatham
13. Birthplace Carroll Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary McDaniel
15. Birthplace Carroll Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Vera Tatham Lane
(b) Address 4404 Indep. Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 4-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1945 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from March 27 to April 24 1945 to 19 ; that I last saw him alive on April 24 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular Fibrillation	2 mos
Due to Diabetes Mellitus	1 yr
Due to Tumor Lung MALIGNANT	3 mos
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None 47 d
Of autopsy None

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) None
(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)
(e) Means of injury

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 4/27/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Buckingham
Prof. Bldg

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K C 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.