S. No. 2
OM—5-43
v. 5-17-39
I X3867

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26629

FILED SEP 1 1945

Registration District No. 144 Primary Registration District No. 1002 Registrar's No. 3378

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: General Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Do not know

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 810 E. 15th 8
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edwin Tomlinson

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 498-03-6938

4. Sex male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 12 1886 (Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 25 If less than one day hr. min.

9. Birthplace No Record 0 (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Tomlinson
13. Birthplace No Record 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record 0 (City, town, or county) (State or foreign country)

Mr. Mays-
16. (a) Informant Sec. of Painters Union
(b) Address Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs C L Forsters
(b) Address 918 Brooklyn

19. (a) 8-12-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1945 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from August 6, 45, to August 7, 45; that I last saw him alive on August 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
coronary thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy see above

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 0

23. Signature Clark W Leech MD (M. D. or other)
Address Med. Dir. K.C. General Hospital

(Licensed Embalmer's Statement on Reverse Side)

DEC - 5 1945

MAY 15 1946

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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

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.