S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1812
Registrar's No. 5440

Registration District No. 199 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 807 E. 8th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 807 E. 8th. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Clarence Tatum
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 2 (Day) 1943 (Year)
8. AGE: Years 2 Months 5 Days 25 If less than one day hr. min.
9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Child
11. Industry or business
MOTHER FATHER
12. Name Wm. Joseph Tatum
13. Birthplace Texas (City, town, or county) (State or foreign country)
14. Maiden name Anna Mae Ware
15. Birthplace Ark. (City, town, or county) (State or foreign country)
16. (a) Informant Anna Mae Tatum
(b) Address 807 E. 8th 31
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 12-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1945 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from Deputy Coroner 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	
Due to	
Due to Interstitial Influenza	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3,3,0	
Of autopsy No-Permit.	

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 Deputy Coroner
23. Signature J. Rueckriegen (M.D. or other)
Address 6136 Brookflyn Date signed 12-29-45

(Licensed Embalmer's Statement on Reverse Side)

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. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.