

FILED APR 10 1946

Registration District No. 199

Primary Registration District No. 1002

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

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:
5625 HIGHLAND AVENUE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 41
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5625 HIGHLAND AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MYRA ALICE TONGE

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE / 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. JAMES A. G. TONGE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 1 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 22 If less than one day hr. _____ min.

9. Birthplace FISHER PENNSYLVANIA (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name UNKNOWN JOHNSON

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. FRED R. CUTLER

(b) Address 5625 HIGHLAND AVENUE

17. (a) BURIAL (b) Date thereof MAR. 26, 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. T. MORIAH CEMETERY

18. (a) Signature of funeral director O. N. P. ... (b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-25-46 (b) ... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23 RD year 1946 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Coronary thrombosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A
Of autopsy no History of Impetigo

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) (e) Means of injury? _____

3. Signature _____ (M: D. or other) _____
Address _____ Date signed 3-24-46

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. C. Newcomer Jr*

Licensed Embalmer No. 4043

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.