

S. No. 2
OM-5-43
V. 5-17-33
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13536**
Registrar's No. **26**

FILED APR 17 1946
Registration District No. **13**

Primary Registration District No. **5672**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County E. Hospital
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)
 In this community 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Independence
(If outside city or town limits, write "RURAL")
 (d) Street No. 9513 East 13th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SAMUEL HENRY TENNYSON
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 9th
 year 46 hour 11 minutes 25 P.M.
 21. I hereby certify that I attended the deceased from 2-1-46
 1946 to 2-9-46 1946
 that I last saw him alive on Feb. 9 1946
 and that death occurred on the date and hour stated above.

4. Sex Male
 5. Color or race wh.
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Lee H. Tennyson
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased April 23 1855
(Month) (Day) (Year)

Immediate cause of death Uremia
Cerebral hemorrhage
Hypertension and
Arteriosclerosis.
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

8. AGE:
 Years 90 Months 9 Days 17
 If less than one day hr. _____ min. _____

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name Unknown Tennyson
 13. Birthplace Unknown Va
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Everett G. Tennyson
 (b) Address 11415 E 14th

17. (a) Burial (b) Date thereof 2-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Lee C. Carson
 (b) Address Independence Mo

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 _____
 23. Signature J. Cochran (M. D. optional)
 Address 1009 Plaza and Bldg Date signed 2/12/46

19. (a) 2/12/46 (b) Lee C. Carson
(Date received local registrar) (Registrar's signature)

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 *Boyd Carson*
Licensed Embalmer No. 2249
P. O. Address *Judy M*

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.