S. No. 2
M—5-43
5-17-39
I X36671

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

23852

State File No.

FILED AUG 14 1946

Registration District No. 111

Primary Registration District No. 1002

Registrar's No. 3323

**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:
1215 Vine Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 26 yrs
years, months or days)

**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. 1215 Vine Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Hardy Tisdale

3. (b) If veteran, name war yes, world war I

3. (c) Social Security No. 496-16-9621

4. Sex m 2

5. Color or race col

6. (a) Single, widowed, married, divorced mar 1

6. (b) Name of husband or wife Effie Tisdale

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct. (Month) 15 (Day) 1889 (Year)

8. AGE: Years 56 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Columbia La. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Ice-man

FATHER
12. Name Sanders Tisdale 9
13. Birthplace unk (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Rachel Turner
15. Birthplace (City, town, or county) Unk (State or foreign country) 9

16. (a) Informant Leroy Tisdale 1
(b) Address 1215 Vine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth Kans

18. (a) Signature of funeral director Watkins Bros Acad
(b) Address 1729 Lydia

19. (a) 8-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7 day 30 year 1946 hour 3 minute 10 A. M.

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

Immediate cause of death Hypertensive Heart Disease

Due to

Due to 93 d

Other conditions Undetermined
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ur-Permit

Duration

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 - Corner

23. Signature J Williams (M. D. or other)

Address 2636 - Brooklyn Date signed 8-1-46

(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 E. Sterling Bill

Licensed Embalmer No. 3178

P. O. Address 1212 [illegible]

**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.**