

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
FILED SEP 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. 27398  
Registrar's No. 3703

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County JACOBSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution:  
3025 YORK AVENUE 1  
(d) Length of stay: In hospital or institution 60 years  
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACOBSON 48  
(c) City or town KANSAS CITY 3  
(d) Street No. 3025 YORK AVENUE 8  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME MR. CHARLES ROBERT TOMLINSON  
(b) If veteran, name war no.  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month AUGUST day 26<sup>TH</sup>  
year 1946 hour 4 minute 30 P. M.  
21. I hereby certify that I attended the deceased from  
March 23, 1946 to Aug. 26, 1946  
that I last saw him alive on August 19, 1946  
and that death occurred on the date and hour stated above.

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. SARAH ANNA TOMLINSON  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased FEBRUARY-14-1865

Immediate cause of death: coronary occlusion ?  
Duration

8. AGE: Years 80 Months 6 Days 12 If less than one day

Due to ?  
Due to ?

9. Birthplace BRUNSWICK MISSOURI

Other conditions none  
Major findings: none

10. Usual occupation RETIRED

11. Industry or business CARPENTER

12. Name CHARLES A. TOMLINSON

13. Birthplace MISSOURI

14. Maiden name SUSAN V. MOSS

15. Birthplace MISSOURI

16. (a) Informant Miss Anna Tomlinson  
(b) Address 3025 York

17. (a) BURIAL (b) Date thereof Aug 29, 1946  
(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. H. Newbauer's Sons  
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 8-58-46 (b) Registrar's signature

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 2  
(Specify type of place) (e) Means of injury  
23. Signature J. W. Garned (M. D. or other)  
Address 407 W. Main St. Date signed 8-27-46

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

MOTHER FATHER

402  
11-5:30  
Beldy

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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 Carl Rapp

Licensed Embalmer No. 23458

P. O. Address KC. 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.**