No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33812

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4237

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:
1228 West 12th. Street 3
(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 9 Months

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. 2728 Tracy 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bose L. Tillery

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Myrtle E. Tillery

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

7. Birth date of deceased 8 (Month) 1 (Day) 1879 (Year)

8. AGE: Years 67 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Stockman

11. Industry or business For Self

FATHER
12. Name Frank Tillery 1
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Harriett 11
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mr. L.D.Tillery
(b) Address 2728 Tracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 10-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th. year 1946 hour 3/30 P. minute M.

21. I hereby certify that I attended the deceased from Aug. 5, 1946, to Oct. 4, 1946 that I last saw him alive on Sept. 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Lung carcinoma

Due to Hypertension
Coronary Arteriosclerosis
Cardiac decompensation

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 a

Of autopsy

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 5.

23. Signature Jos Jones (M. D. or other)

Address 80 E + Pasco Date signed 10/5/46

(Licensed Embalmer's Statement on Reverse Side)

Ja 1879

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.....

Licensed Embalmer No.....

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.