

S. No. 2
-12.45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17502**
Registrar's No. **2063**

Registration District No. **149**

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 DAYS**
(Specify whether years, months or days)

In this community **33 YRS.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No. **1021 PASEO**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MILDRED LASTER**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unk.**

4. Sex **FEMALE** 5. Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Unknown**

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

7. Birth date of deceased **APRIL 18 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	0	17	hr. _____ min.

9. Birthplace **MARSHALL MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **MAID**

11. Industry or business _____

MOTHER FATHER

12. Name **JACK TANSOMORER**

13. Birthplace **KENTUCKY**
(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 **SULSUS GATEWOOD**

(b) Address **1701 E. 11TH ST.**

17. (a) **Burial** (b) Date thereof **5/9/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Wagner Bros**

(b) Address **1729 Lyden**

19. (a) **5-9-47** (b) **Shiraldine Holmes**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **5**, year **1947** hour **4**: minute **15 P.** M.

21. I hereby certify that I attended the deceased from **MAY 3**, 19 **47**, to **MAY 5**, 19 **47**; that I last saw him alive on **MAY 5**, 19 **47**; and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL VASCULAR ACCIDENT**

Due to **HYPERTENSIVE HEART DISEASE**

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

93rd

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) _____
(e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **M.D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **5/6/47**

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 I. J. Manlove

Licensed Embalmer No. 3994

P. O. Address. 2003 Highland

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.