

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17653
2329
Registrar's No.

FILED JUN 9 1947

Registration District No. _____ 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 5 DAYS (Specify whether years, months or days)

In this community 30 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. 2104 MONTGALL
(If rural, give location)

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

3. (a) PRINT FULL NAME J. T. TITTLE

3. (b) If veteran, name war No

3. (c) Social Security No. 493-12-7916

4. Sex MALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Dora Tittle

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

7. Birth date of deceased MAY 15, 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>0</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace HOUSTON MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business _____

12. Name CHARLEY TITTLE

13. Birthplace Houston MISSISSIPPI
(City, town, or county) (State or foreign country)

14. Maiden name JULIA DUNCAN

15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant EMMETT TITTLE (BROTHER)

(b) Address 2835 BROOKLYN

17. (a) Burial (b) Date thereof 5/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins

(b) Address 1729 Lydia Street

19. (a) 5-27-47 (b) Thalidine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 24, year 1947 hour 6: minute 15 A.M.

21. I hereby certify that I attended the deceased from MAY 19, 1947 to MAY 24, 1947
that I last saw h. IM alive on MAY 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration _____

Due to NEPHRITIS

Due to CHRONIC GLOMERULONEPHRITIS

Other conditions HYPERTENSIVE HEART DISEASE
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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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 _____

23. Signature Frank [Signature] (M. D. or _____) M. D.

Address GENERAL HOSPITAL NO. 2 Date signed 5/24/47

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.....

J. Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address.....

2503 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.