

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23454

State File No. \_\_\_\_\_

FILED JUL 26 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 879

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ryan Hotel 313 So. 6th Street 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not  
(Specify whether  
In this community a few days  
years, months or days)

3. (a) PRINT FULL NAME William Joll Tanner

3. (b) If veteran, name war None  
3. (c) Social Security No. 487-16-9571

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 13 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 7 8 hr. min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Special Police Officer

11. Industry or business ? Kansas City, Mo.

12. Name Ledge Tanner

13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Marshall

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

16. (a) Informant Mrs. Katherine Mulline

(b) Address 5424 Holmes St., Kansas City, Mo.

17. (a) Removal (b) Date thereof July 23, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Kansas City, Mo. Holy Mary Cemetery

(c) Place: burial or cremation

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 7-23-47 (b) K. B. Jenkins  
(Date received local registrar) (Registrar's signature)

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") 8  
(d) Street No. 2745 Cherry Street 1  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st  
year 1947 viewed hour 4 minute A, M.

21. I hereby certify that I attended the deceased from  
July 22, 1947, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 94A

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(c) 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 3

23. Signature B.W. Tadlock Coroner (M. D. or other) \_\_\_\_\_

Address KING HILL BLDG, Date signed 7/23/47

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

MOTHER FATHER

MAR 5 1948

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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.....

*Albert C. Harrington*  
Licensed Embalmer No. 3258 Missouri

P. O. Address..... St. Joseph., 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.**