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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24404

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2985

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: Dorrance Rest Home, 3537 Main (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)

In this community all Life 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 201 E 37th st (If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank L. Tarter

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Tarter Dec.

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

7. Birth date of deceased ~~unknown~~ (Month) 6-15-1861 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	0	28	hr. min.

9. Birthplace ~~unknown~~ (City, town, or county) Iowa (State or foreign country)

10. Usual occupation ~~none~~ retired

11. Industry or business

FATHER
12. Name John Austin Tarter
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Lavania Pearl Matthews
15. Birthplace Lavania Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie Leaske

(b) Address 201 E 37st.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/15/47 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director Stine-McClure

(b) Address Kansas City Mo.

19. (a) 7-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 13th year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from July 1, 1940 to July 13, 1947 that I last saw him alive on July 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency 1 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93 y

Major findings: Of operations

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

23. Signature Alberto Gusbert (M. D. or other) Med

Address 420 Prof Bld Date signed 7-14-47

(Licensed Embalmer's Statement on Reverse Side)

Dr Morris Gainsberg
Copy 1 [illegible]

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. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address K. C. 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.