S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27967

Registrar's No. 3585

48
3
8

WRITE PLAINLY—USING 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: Research Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray 89
(c) City or town Hardin Missouri 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ----- 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Tinsley
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lydia Tinsley
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb 18 1877 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	6	1	hr. min.

9. Birthplace Ray County Missouri O (City, town, or county) (State or foreign country)
10. Usual occupation ~~Retired~~ Carpenter
11. Industry or business Contractor
FATHER
12. Name James Tinsley
13. Birthplace ~~[illegible]~~ Ky. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Mansur
15. Birthplace Ray County Mo. O (City, town, or county) (State or foreign country)
16. (a) Informant Lydia Tinsley
(b) Address Hardin Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hardin Missouri
18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn
19. (a) 8-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1947 hour 4; minute 10 P. M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Skull fracture.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 186	

Major findings:
Of operations
Of autopsy no
History & Inspection

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accidental 89
(b) Date of occurrence 8-15-47
(c) Where did injury occur? Hardin (City or town) Ray (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? yes (e) Means of injury Fall from building
23. Signature [illegible] (M. D. ~~or other~~)
Address 1424 [illegible] Date signed 8-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert A. Herrmann

Licensed Embalmer No. 3700

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.