. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34711

State File No. 4519

FILED NOV 8 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

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: 4010 TRACY AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 82 YEARS
years, months or days)

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")
(d) Street No. 4010 TRACY AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ----

3. (a) PRINT FULL NAME MRS. LULA TIPTON

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. HIRIAM TIPTON

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

7. Birth date of deceased FEBRUARY (Month) 22 (Day) 1860 (Year)

8. AGE: Years 87 Months 8 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace GRAND PASS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME - RETIRED TEACHER

11. Industry or business LINWOOD SCHOOL

FATHER
12. Name ALAN McREYNOLDS
13. Birthplace (City, town, or county) TENNESSEE (State or foreign country)

MOTHER
14. Maiden name MARTHA COOPER
15. Birthplace LAFAYETTE COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. IDA LEE KIMMEL
(b) Address 4010 TRACY AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-31-1947 (Month) (Day) (Year)
(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 10-30-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 29TH year 1947 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug 25 1947 to Oct 29 1947; that I last saw her alive on Oct 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 3 days

Due to Cardio-Vascular-Renal disease — Over 2 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations C 131a
Of autopsy

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) —
(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 0

23. Signature [signature] (M. D. ~~or other~~)
Address 1232 Prof Bldg Date signed 10/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1232 Independence Ave.

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.