. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38469

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5050

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: St. Mary's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 46

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3028 Charlotte St. 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William A. TILL

3. (b) If veteran, name war no

3. (c) Social Security No. 486-10-7587

4. Sex male o

5. Color or race white

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

6. (b) Name of husband or wife Ruth Agnes Till

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February (Month) 18, (Day) 1890 (Year)

8. AGE: Years 57 | Months 9 | Days ~~12~~ 11 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Salesman

11. Industry or business Broadway Motor Company

FATHER
12. Name Thos. R. Till
13. Birthplace Unknown (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Christina A. Barry
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Ruth A. Till
(b) Address 3028 Charlotte, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 12-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 29
year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Pathologist, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomalcia, left cerebral cortex

Due to

Due to Cerebral Thrombosis

Other conditions (Include pregnancy within 3 months of death) (Middle Cerebral Artery)

Major findings:
Of operations

Of autopsy See Above 8 30

Duration

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 O

23. Signature A. E. Ussher (M. D. or other) MD

Address 2800 Main St. Date signed 11/30/47

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 Thomas J Carter Registered Apprentice No. 500 working under my personal supervision.

Signed J H Pryor

Licensed Embalmer No. 2999

P. O. Address KC

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.