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 MAR 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5116
Registrar's No. 702

Registration District No. 949 Primary Registration District No. 1002

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: 1519 B TRACY AVE! (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 15 yrs. years, months or days)

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") 3
(d) Street No. 1519 B TRACY AVE. (If rural, give location) 8
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Mae Tiller
3. (b) If veteran, name war — no
3. (c) Social Security No. NONE

4. Sex FEMALE 3
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED 7
6. (b) Name of husband or wife PAUL TILLER
6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: 32 Years — Months — Days — If less than one day ..... hr. ..... min.

9. Birthplace MARCELLINE, MO. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business HOME
FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant ROBERT TATE
(b) Address 1519 TRACY AVE
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation UNIV. MORT. SCIENCE K.C.
18. (a) Signature of funeral director Lee Davis
(b) Address 1513 TROOST AVE.
19. (a) 2-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5 year 48 hour 4 minute 20 A.M.

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

Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to Acute Alcoholism
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93d
Of autopsy No-Permit

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 0

23. Signature J. Williams (M. D. ~~or other~~) D.C.
Address 2636 Brooklyn Date signed 2-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 1 1948

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 C. E. Davis

Licensed Embalmer No. 1744

P. O. Address T. C. Miss.

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.