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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29988

Registrar's No. 3624

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: 4204 The Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4204 The Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: WALTER THEPY TARPY
3. (b) If veteran, name war: Spanish American
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alice E. Tarpy
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: August (Month) 18 (Day) 1885 (Year)
8. AGE: Years 63 ~~62~~ Months 0 Days 15 If less than one day ____ hr. ____ min.
9. Birthplace: Nebraska (City, town, or county) (State or foreign country)
10. Usual occupation: Claim Adjuster
11. Industry or business: Frisco R. R.
FATHER 12. Name: Patrick W. Tarpy
FATHER 13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Nellie Hughes
MOTHER 15. Birthplace: Nebraska (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Alice E. Tarpy
(b) Address: 4204 Paseo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 42nd St. and Broadway
19. (a) 9-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd year 1948 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 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: Cerebral Arteriosclerosis	
Due to: c̄ Residual	
Due to: Hemiplegia	
Other conditions (Include pregnancy within 3 months of death): 83 yr	
Major findings: Of operations: Deputy Coroner	
Of autopsy: Autopsy & Inspection	

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: D
23. Signature: A. E. Parker (M.D. or other)
Address: 2800 Main Date signed: 9/4/48

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1945

30 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 Elmer C. Wedelin

Licensed Embalmer No. 3495

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.