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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33126**  
Registrar's No. **4078**

Registration District No. **149**

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: **General Hospital No. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: **6 hrs.**  
(Specify whether years, months or days) **about 20 yrs.**

3. (a) PRINT FULL NAME **Edward J. Tierney**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **500-14-8517**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

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

7. Birth date of deceased **August 16th, 1872**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>1</b>	<b>18</b>	hr. min.

9. Birthplace **Inkster Wayne County Michigan**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Photographer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Johh Tierney**

13. Birthplace **Unknown New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen Tevan**

15. Birthplace **Unknown New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mo. Birth Certificate No. 192530.**

(b) Address **Dated January 29, 1943.**

17. (a) **Burial** (b) Date thereof **10/8/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary, N.C. Hans.**

18. (a) Signature **Melody McGilley-Eylar**

(b) Address **K. C. Mo.**

19. (a) **10-7-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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. **412 E. 10 St.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **4**  
year **1948** hour **5** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **October 4**, 19**48**, to **October 4**, 19**48**.  
that I last saw him alive on **October 4**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary occlusion**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **94a**

Major findings: Of operations \_\_\_\_\_

Of autopsy **None**

Duration \_\_\_\_\_

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 **W. W. Hart** (e) Means of injury \_\_\_\_\_

23. Signature **Wm. W. Hart** (M. P. or other) \_\_\_\_\_

Address **Med. Dir. Gen'l Hosp.** Date signed **10-5-48**

*A. Harker*

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**