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UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36918
Registrar's No. 4582

FILED DEC 4 1948
Registration District No. 119

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: In hospital or institution 4 days (Specify whether
In this community life time (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 3
(d) Street No. 4318 E. 12 St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sylvia Tilton
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 8
year 1948 hour 12 minute 50 P.M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased February 20 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Nov. 4 1948 to Nov. 8 1948
that I last saw her alive on Nov. 8 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 8 Days 18
If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of breast with metastases
Due to _____
Due to _____

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Maid

Other conditions Generalized Edema (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy None

MOTHER FATHER {
11. Industry or business 2615 E. 8th St., K.C., Mo.
12. Name Alexander Tilton
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Maudie
15. Birthplace Missouri (City, town, or county) (State or foreign country)

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? 0

16. (a) Informant Mrs. Harold O. Harville
(b) Address 4318 E. 12th St., K.C., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia, Missouri
18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address 1800 E. Linwood K. C., Mo.
19. (a) 11-9-48 (Date received local registrar) (b) Geraldine Holman (Registrar's signature)

23. Signature Wm. W. Hart (Specify type of place) While at work? _____ (c) Means of injury _____
Address Med. Dir. Gen'l Hosp. Date signed 11-8-48

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

Dr. [unclear]

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.....

[Handwritten Signature]
Licensed Embalmer No. *2999*
K.C.C.

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.