

FILED DEC 29 1948
Registration District No. **449**

Primary Registration District No. **1002**

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

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:
623 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 Years years, months or days)

3: (a) PRINT FULL NAME William Tobin
3. (b) If veteran, name war No 3. (c) Social Security No. 500-07-2600

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred Tobin 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased August 24, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 3 14 hr. min.

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

11. Industry or business
12. Name Jack Tobin
13. Birthplace Plattsburg, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Tobin
(b) Address 623 Harrison
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-12-48
(Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg, Missouri

18. (a) Signature of funeral director William R. Ross
(b) Address 1729 Medical Avenue
19. (a) 12-11-48 (Date received local registrar) (b) Geraldine Holmes (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. 623 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1948 hour 2 minute P M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him Allegedly 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
Other conditions (include pregnancy within 3 months of death) 93

Major findings:
Of operations _____
Of autopsy No - Permit

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? _____
While at work? _____ (Specify type of place) (e) Means of injury J. R. Williams
23. Signature Allegedly (M. D. or other) J. R. Williams
Address 2634 - 13th St Date signed 12-11-48

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 J. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.