S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 15 1949

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40391

Registrar's No. 5372

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: SHERMAN HOTEL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 19 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")

(d) Street No. SHERMAN HOTEL 9th & LOCUST ST.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. MYRTLE BELL TOMPKINS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. WILL TOMPKINS

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

7. Birth date of deceased APRIL (Month) 24 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	8	6	hr. min.

9. Birthplace SADONBURG (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name UNKNOWN LINVILL
13. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name ELIZABETH MILLER
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Chester R. Wright
(b) Address 437 North 19th St. K.C. Ks

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JAN 2 1949 (Month) (Day) (Year)
(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 12-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 30TH year 1948 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Coroner, 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 Coronary sclerosis	
Due to arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy — no History & 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?

James C. Walker (Specify type of place)
While at work? (e) Means of injury

23. Signature James C. Walker (M. D. or other) Coroner
Address 1424 [illegible] Date signed 12-31-48

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

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.