

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12614

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1421

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) Kansas City d. STREET ADDRESS (If rural, give location) 112 So Oakley	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (If in this place) 65 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City d. STREET ADDRESS (If rural, give location) 112 So Oakley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hosp. 11 & Harrison		d. STREET ADDRESS (If rural, give location) 112 So Oakley	

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) H.	c. (Last) PURTILL *Pertill	4. DATE OF DEATH (Month) (Day) (Year) 3/28/49
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5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. 6)	8. DATE OF BIRTH 4/6/1866	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days 11 23	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler at Turkey Creek Pump Sta. City of K.	10b. KIND OF BUSINESS OR INDUSTRY C. Kansas City, Kans.	11. BIRTHPLACE (State or foreign country) US	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Thomas Pertill	13b. MOTHER'S MAIDEN NAME Elizabeth Lennan	14. NAME OF HUSBAND OR WIFE Mary Hamm Pertill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Martin Pertill, Blue Rapids, Kans.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Apoplexy Right Side DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3/28/49	19b. MAJOR FINDINGS OF OPERATION 334X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) 1500 SOUTHWEST EQUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME (Month) (Day) (Year) (Hour) 1:00 P.M. 3/28/49	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from **3/24**, 19**49**, to **3/27**, 19**49**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE Wm Fowler, D.O.	(Degree or title)	22b. ADDRESS Shubert Bldg.	22c. DATE SIGNED 3/29/49
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24a. BURIAL, CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE 3/30/49	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kans.
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DATE REC'D BY LOCAL REG. 3-29-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil, K.C. Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

420 Shukert Bldg.,
After 2 P M
today

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John P. Sheel

Licensed Embalmer No. *3625*

P. O. Address *56 7th St.*

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.

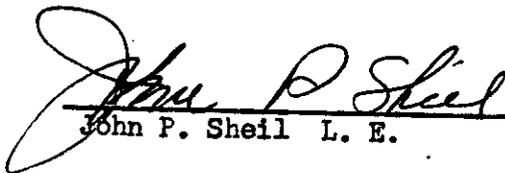
Sheil Funeral Home

6604-6 INDEPENDENCE AVE.
KANSAS CITY 3, MISSOURI

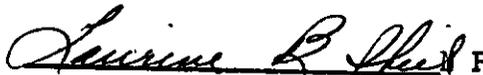
12614/49

Aug. 9, 1949

This is to certify that the name Thomas H. Pertill, as shown on death certificate filed 3/28/49, was incorrectly shown, and same should have been spelled and shown as Thomas H. Purtil which is the correct spelling of his name.


John P. Sheil L. E.

Subscribed and sworn to before me this 9th day of August, 1949
at Kansas City, Mo.


Lawrence B. Sheil P.

My commission expires Aug. 2, 1951

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