

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12740  
**1383**

|  |  |   |  |  |  |  |   |   |  |
|--|--|---|--|--|--|--|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____  |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY<br><p align="center">Jackson</p>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><p align="center">Missouri</p> |  |  |   | b. COUNTY<br><p align="center">Jackson</p>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><p align="center">Kansas City</p>  |  | c. LENGTH OF STAY (In this place)<br><p align="center">62 YRS</p>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><p align="center">Kansas City</p>              |  |  |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><p align="center">General Hospital No. 1</p>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><p align="center">3025 York</p>   |  |  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First)<br><p align="center">William</p>   |  | b. (Middle)<br><p align="center">ATKINSON</p>  |  | c. (Last)<br><p align="center">Tomlinson</p>   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><p align="center">3 24 1949</p>         |  |
| 5. SEX<br><p align="center">MALE</p>   |  | 6. COLOR OR RACE<br><p align="center">WHITE</p>   |  | 7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><p align="center">DIVORCED 3</p>  |  | 8. DATE OF BIRTH<br><p align="center">Nov. 21, 1886</p>                                  |   | 9. AGE (In years last birthday)<br>Months Days<br><p align="center">62 4 3</p>      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><p align="center">BREWERY</p>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY                                  |  |  | 11. BIRTHPLACE (State or foreign country)<br><p align="center">KANSAS CITY, MISSOURI</p> |   | 12. CITIZEN OF WHAT COUNTRY?<br><p align="center">U.S.A</p>                         |  |
| 13a. FATHER'S NAME<br><p align="center">CHARLES R. TOMLINSON</p>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><p align="center">SARAH CARPENTER</p> |  |  | 14. NAME OF HUSBAND OR WIFE<br><p align="center">ROSE TOMLINSON</p>                      |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><p align="center">NO</p>   |  | 16. SOCIAL SECURITY NO.<br><p align="center">510-03-7158</p>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><p align="center">MRS. GEORGE HOUSTON CENTERVIEW, MO.</p>                                       |  |  |   | ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema and congestion and bronchopneumonia</u>                   |  |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |  |   |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><p align="center">4/10</p>  |  |  |  |  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 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 OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                              |  | 21f. HOW DID INJURY OCCUR?   |  |  |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>March 22, 1949</u> , to <u>March 24, 1949</u> , that I last saw the deceased alive on <u>March 24, 1949</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above. |  |   |  |  |  |  |   |   |  |
| 23a. SIGNATURE <u>Victor B. Hubler MD</u> (Degree or title)  |  |   |  | 23b. ADDRESS<br><p align="center">24th and Cherry</p>  |  |  | 23c. DATE SIGNED<br><p align="center">3-25-49</p> |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><p align="center">BURIAL</p>  |  | 24b. DATE<br><p align="center">1949 MARCH 26</p>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><p align="center">FLORAL HILLS</p>   |  | 24d. LOCATION (City, town, or county) (State)<br><p align="center">KANSAS CITY, MO.</p>  |   |   |  |
| DATE REC'D BY LOCAL REG.<br><p align="center">3-26-49</p>  |  | REGISTRAR'S SIGNATURE<br><p align="center">Seraldine Holmes</p>   |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><p align="center">W. H. Newcomer, Kansas City, MO.</p> |  |   |   |  |

(Licensed Embalmers' Statement on Reverse Side)

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

**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.

Signed \_\_\_\_\_

*Edward M. Storey*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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.