S. No. 300
V. 10-48

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

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1391

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 228

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. C. TUBERCULOSIS Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 414 WEST 13TH. 31 9

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): —J.
c. (Last): TENNYSON

4. DATE OF DEATH (Month) (Day) (Year): JAN. 14, 1950

5. SEX: MALE ✓
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 14, 1886
9. AGE (In years last birthday): 63 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): YARDMAN
10b. KIND OF BUSINESS OR INDUSTRY: K.C. TUBERCULOSIS HOSP.
11. BIRTHPLACE (State or foreign country): FLORENCE, KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JAMES TENNYSON
13b. MOTHER'S MAIDEN NAME: MARY CULLINS
14. NAME OF HUSBAND OR WIFE: ADA TENNYSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: KANSAS CITY TUBERCULOSIS HOSP. — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: 4 MO.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) INTRA-ABDOMINAL CARCINOMA — 6 MO.

DUE TO (c) primary bronchogenic carcinoma

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* PULMONARY TUBERCULOSIS — 3 YRS.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
162X1
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 11, 1950, *to* JAN. 14, 1950, *that I last saw the deceased alive on* JAN. 14, 1950, *and that death occurred at* 8:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE G. K. Landis (Degree or title) — G. K. Landis, M.D.
23b. ADDRESS: K.C. Tuberculosis Hospital
23c. DATE SIGNED: Jan. 15 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-16-50
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Florence, Kansas.

DATE REC'D BY LOCAL REG.: 1-16-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Mrs. C. L. Forster — Kansas City, Missouri

(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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Dean Owens

Licensed Embalmer No. 4280

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.