

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9050

State File No. 1317

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1317	
1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 12 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				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) OR TOWN KANSAS CITY d. STREET ADDRESS (If rural, give location) 1615 Forest Avenue 3218			
3. NAME OF DECEASED (Type or Print) a. (First) ISAAC b. (Middle) TILLMAN c. (Last) TILLMAN		4. DATE OF DEATH Month MARCH Day 2 Year 1950		5. SEX MALE ✓		6. COLOR OR RACE NEGRO	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE ✓		8. DATE OF BIRTH AUGUST 2 1907		9. AGE (In years last birthday) 42		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) LABORER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) CAROLINA, NORTH CAROLINA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN TILLMAN		13b. MOTHER'S MAIDEN NAME MAGGIE		14. NAME OF HUSBAND OR WIFE Don't know			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Not known		16. SOCIAL SECURITY NO. Not known		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Hosp Records H-C-mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		491X			
22. I hereby certify that I attended the deceased from 1-9-1950, to 3-2-1950, that I last saw the deceased alive on 3-2-1950 and that death occurred at 6:42P m., from the causes and on the date stated above.							
23a. SIGNATURE E. Frank Ellis		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-3-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/23/50		24c. NAME OF CEMETERY OR CREMATORY Washington Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 3-20-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE JHB Mone		ADDRESS 1820 E 18th	

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

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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 \_\_\_\_\_

Licensed Embalmer No. 2410

P. O. Address. 1820 E 18 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.