

FILED MAY 26 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16849**
Registrar's No. **2005**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2005**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 50 Yrs		d. STREET ADDRESS (If rural, give location) 1122 Penna. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 27 West Tenth St			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Marvin c. (Last) Tomlinson			4. DATE OF DEATH (Month) (Day) (Year) May 8 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH June 8 1899		9. AGE (In years last birthday) 51		10. IF UNDER 1 YEAR: Months 5 Days 23 Hours 30 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Window Washer		10b. KIND OF BUSINESS OR INDUSTRY K.C. Window Cleaning Co.		11. BIRTHPLACE (State or foreign country) Kansas City, Kansas	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Alfred Tomlinson		13b. MOTHER'S MAIDEN NAME Mammie Simmons		14. NAME OF HUSBAND OR WIFE Marie Catherine Tomlinson	
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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. 49-503-6343		17. INFORMANT'S SIGNATURE OR NAME Marvin A. Tomlinson	
				ADDRESS Kansas City, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disrupted Aorta Multiple		ANTECEDENT CAUSES Structures Ribs Sternum			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Limbs					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9026 11			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Office Bldg.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Office Bldg.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.	
21d. TIME OF INJURY 5-8-51 10: A. m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell from Bldg.	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Coroner		23b. ADDRESS 1039 Realto Bldg		23c. DATE SIGNED 5-8-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 10 1951		24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City Kansas	

DATE REC'D BY LOCAL REG. 5-9-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster	
				ADDRESS Kansas City, Missouri	

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.

Student
Student Embalmer

Signed _____

Law Clark

Licensed Embalmer No. _____

P. O. Address _____

*4216
K 6 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.