

# STANDARD CERTIFICATE OF DEATH

State File No. **23261**  
**2928**

FILED AUG 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>13 years</b>		d. STREET ADDRESS (If rural, give location) <b>2507 Linwood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2507 Linwood</b>			

3. NAME OF DECEASED (Type or Print) <b>ELLEN Tomlin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 9 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>September 18, 1864</b>		9. AGE (In years last birthday) <b>86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>Eaton, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Joshua Silvers</b>		13b. MOTHER'S MAIDEN NAME <b>Rachel Mounce</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Tomlin</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Rebecca Tomlin, 2507 Linwood K.C. Mo</b>		
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> 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 <b>5 Days</b>  <b>331X</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____		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 July 5, 1951, to July 9, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert S. Valentine</b> (Degree or title) <i>Herbert Valentine M.D. Missouri</i>		23b. ADDRESS <b>1124 Professional Bldg</b>		23c. DATE SIGNED <b>7/9/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 10, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Springfield Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Illinois</b>		
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DATE REC'D BY LOCAL REG. <b>7-10-51</b>		REGISTRAR'S SIGNATURE <i>Geraldine Palmer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BROTHERS FUNERAL HOME Linneus, Missouri</b>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Chas E. Wilks*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *Kansas City 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.