

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10122**
1361

FILED APR 9 1953

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>35 YRS</u>	c. CITY OR TOWN <u>KANSAS CITY</u> <u>26/78</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1426 CHARLOTTE STREET</u>		d. STREET ADDRESS (If rural, give location) <u>1426 CHARLOTTE STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>H.</u> c. (Last) <u>TANKERSLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-6-1953</u>
-----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUGUST-2-1891</u>	9. AGE (In years last birthday) <u>71</u>	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) <u>PARK ATTENDANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MUTUAL GARAGE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WHITEHALL ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>BENJAMIN TANKERSLEY</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH JANE ALLEN</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. CLARA TANKERSLEY</u>
-----------------------------------------------	---------------------------------------------------	----------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-07-1778</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CLARA TANKERSLEY</u> ADDRESS <u>1426 CHARLOTTE ST. KANSAS CITY, MO.</u>
--------------------------------------------------------------------------------------------------------------------	--------------------------------------------	-------------------------------------------------------------------------------------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>521X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fungus abscess Rt</u> DUE TO (c) <u>John m. m. 01</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 Dec. 3, 1951 to Mar. 6, 1953, that I last saw the deceased alive on 19, and that death occurred at 6:20A m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. R. Black MD</u> (Degree or title)	23b. ADDRESS <u>M.D. 924 Professional Bldg.</u>	23c. DATE SIGNED <u>3/6/53</u>
--------------------------------------------------------	-------------------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Clay Center, Mo</u>
----------------------------------------------------------	-------------------------	---------------------------------------------------------	----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>3-6-53</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
----------------------------------------	---------------------------------------------	--------------------------------------------------------------------------------------------------------------

(Licensed Embalmer's 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.

Student
Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

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.