

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14548**

FILED MAY 13 1953

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2137**

| | | | |
|---|---------------------------|--|---------------------------------------|
| 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 OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 43 yrs. | | d. STREET ADDRESS (If rural, give location) 1710 Independence Ave. | |
| 3. NAME OF DECEASED a. (First) SARA b. (Middle) JANE c. (Last) TOMLINSON | | 4. DATE OF DEATH (Month) (Day) (Year) 4-19-53 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH Oct. 18, 1878 |
| 9. AGE (In years last birthday) 75 7/8 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | |
| 10b. KIND OF BUSINESS OR INDUSTRY School teacher | | 11. BIRTHPLACE (City and State or Foreign Country) Iowa | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Oliver Wm. Tomlinson | |
| 13b. MOTHER'S MAIDEN NAME Mary Jane Hadley | | 14. NAME OF HUSBAND OR WIFE | |
| 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. 496-32-5597 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred H. Green | | ADDRESS 6633 South Benton | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES DUE TO (b) Hemorrhage from lung 1 week DUE TO (c) Carcinoma of breast 9 months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X | |
| 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) | |
| 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 Oct. 24, 1952 to April 19, 1953 , that I last saw the deceased alive on April 19, 1953 , and that death occurred at 12 noon m., from the causes and on the date stated above. | |
| 23a. SIGNATURE Kenneth A. Davis (Degree or title) Dr. Kenneth A. Davis, M.D. | | 23b. ADDRESS 201 Plaza Theater Bldg. City, Mo DATE SIGNED 4-21-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 4-23-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Villisca, Iowa | |
| DATE REC'D BY LOCAL RES. 4-22-53 | | REGISTRAR'S SIGNATURE Geraldine Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE | | ADDRESS K.C.MO. | |

(Licensed Embalmer's Statement on Reverse Side)

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

Mrs. Kenneth ...
200-201 ...
No. 1104^B

After 11:00

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

Gerald Bruner

Licensed Embalmer No. 4763

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.