JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-023536
STATE FILE NUMBER

ILED VS JUL 12 1960
NDED

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 328

1. PLACE OF DEATH
a. COUNTY Jackson Blue Twp.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 5 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 No. Hardy — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 214 No. Hardy — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ROSA Middle DEAN Last TARR
4. DATE OF DEATH: Month 7 Day 7 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9 5 1876
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: U. S. A
13a. FATHER'S NAME: Johnson
13b. MOTHER'S MAIDEN NAME: Marian Farmer
14. NAME OF HUSBAND OR WIFE: J. W. Tarr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): NO (If yes, give war or dates of service) X X X X
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mrs. Rosa May Lowe Address: 214 No. Hardy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — ?
DUE TO (c) Arteriosclerosis — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 7, 1960 to July 7, 1960 and last saw her/him alive on July 5, 1960
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M W Huffman (Degree or title) DO
22b. ADDRESS 5242 St John Kansas City Mo
22c. DATE SIGNED 7/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7 9 1960
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Floral Hills Mem. Chapels, Inc ADDRESS K.C. Mo
25. DATE RECD. BY LOCAL REG.: 7-9-60
26. REGISTRAR'S SIGNATURE: James A. Lowe

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forrest D. Coldanow

Signature of Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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