

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18505  
Do not use this space.

REC'D JUN 21 1939

1. PLACE OF DEATH

(a) County Dent Registration District No. 266  
(b) Township Meramac Primary Registration District No. 5347  
(c) City Meramac (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 42

2. PRINT FULL NAME

526  
(a) Residence, No. Mrs. Cora Tinker St. Stonehill, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Tinker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1875

7. AGE YEARS 64 MONTHS 4 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Shannon Co (STATE OR COUNTRY) Mo

FATHER 13. NAME Martin Frost

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Ivers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Walter Tinker (ADDRESS) Stonehill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boss Cem DATE may 21/39

19. FUNERAL DIRECTOR Carl K Spencer (ADDRESS) Salem Mo

20. FILED May 21 1939 J E Butler MD (Address) Stonehill, Missouri

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20/39 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3 1939, to May 3 1939. I last saw h<sup>e</sup> alive on May 3 1939. Death is said to have occurred on the date stated above, at 8:55 P.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma, uterus

Date of onset  
Undetermined

Other contributory causes of importance:  
Removal of uterus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Martin Grossman, M. D.  
(Address) Salem, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARK INK RESERVED FOR BIRMING

V. S. 50. 2.  
50M-7-20-37  
I 1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, No Embalming, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
L. E. Embalming  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**