

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

**40083**  
Do not use this space.

1939 DEC 20 1839

**1. PLACE OF DEATH**

(a) County Lafayette County Registration District No. 461  
 (b) Township Springton, Mo. Primary Registration District No. 3024  
 (c) City Springton, Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

**2. PRINT FULL NAME** Clarence Tinsley 3

(a) Residence, No. Henrietta, Mo. 1 St. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Lorene Tinsley

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 11-25-1916

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
22 11 17

**OCCUPATION**

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

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Henrietta, Ray Co., Missouri

**FATHER**

**13. NAME** Mayview Tinsley  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Carrollton, Mo.

**MOTHER**

**15. MAIDEN NAME** Lissae Nelson  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Henrietta, Ray Co., Missouri

**17. INFORMANT (ADDRESS)** Lissae Tinsley (Mother)  
Henrietta, Missouri

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Richmond, Mo. DATE 11-15-1939

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Green & Sons  
204 South 24 Street

**20. FILED** Nov 12, 1939 Welia Yates  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 11/12/39

**22. I HEREBY CERTIFY, That I attended deceased from** Nov. 12, 1939 to Nov. 12, 1939  
 I last saw him alive on Nov. 12, 1939 Death is said to have occurred on the date stated above, at 12:30  
 The principal cause of death and related causes of importance were as follows:  
Automobile accident  
Crush fracture of spine  
fractured pelvis  
 Date of onset 11/12/39

Other contributory causes of importance:  
Spontaneous  
traumatic abdominal injury  
hemorrhage

Name of operation crush Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide. Accident Date of injury 11/12/39  
 Where did injury occur? Ray County (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Highway 13 near Mrs. Kings bridge  
 Manner of injury Crush to car seat  
 Nature of injury note "alone"

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify \_\_\_\_\_  
 (Signed) J. L. S. Nelson, M. D.  
800 (Address) Springton, Mo.

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.

(8)

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/19/39

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.....

*Georgett Green*....., Registered Apprentice No. *235*  
working under my personal supervision.

Signed *William Hurley*  
Licensed Embalmer No. *3105*  
*311 North 5th Street*  
P. O. Address *Moberly, Missouri*

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, above space should be left blank.