

Registration District No. **1689**

Primary Registration District No. **3033**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Louisiana Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pike Co Hospital 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
In this community Yes years, months or days 5 1/2 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike  
(c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Mrs Alice Tinsley (Mrs W. M.)

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

7. Name of husband or wife W Nelson Tinsley

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 2-10-54  
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bedford Co Va  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Home

11. Industry or business \_\_\_\_\_

12. Name Edward N Roberson

13. Birthplace Bedford Co Va  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Terry

15. Birthplace Bedford Co Va  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_  
(b) Address Louisiana Mo

17. (a) Buried (b) Date thereof 11-7-39  
(Burial, cremation, or removal) (Mode) (Day) (Year)

(c) Place: burial or cremation Reveries - Louisiana

18. (a) Signature of funeral director J. C. Haley  
(b) Address Louisiana Mo  
19. (a) 11/6-39 (b) J. C. Haley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5  
year 1939 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 1939 to Nov 15 1939  
that I last saw her alive on 11-5-39 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration 25 3/4 yrs

Due to Senility

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. Mearns (M.D. or other) \_\_\_\_\_  
Address Louisiana Mo Date signed 11/5/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITING PENCIL - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1-10951

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.

NOV 7 1944

RECEIVED

District Health Officer No. 10

District File Number 12-39-2056

Date Filed DEC 5 1939

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.....

George O. Wagner, Registered Apprentice No. ....  
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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, above space should be left blank.