

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

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.

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 61

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
817 W. High St. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")

(d) Street No. 817 W. High St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Kathryn Tinnell 10/10

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10<sup>th</sup>  
year 1940 hour 2 minute 10 A. M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Fred Tirrell 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased. Nov. 6 1982  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb-14  
1940, to Feb 8, 1940

that I last saw her alive on Feb 8, 1940, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Thrombosis, Arteriosclerosis, Obstructive Pulmonary Disease, Arteriosclerosis with terminal Bronchopneumonia Duration \_\_\_\_\_

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

Due to she had \_\_\_\_\_

9. Birthplace Bradwell Ky Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

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

MOTHER FATHER

12. Name John W Davis

13. Birthplace Virginia VA  
(City, town, or county) (State or foreign country)

14. Maiden name Margieva Cobb

15. Birthplace Virginia VA  
(City, town, or county) (State or foreign country)

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

Of autopsy none

16. (a) Informant's own signature M. Fred Tinnell

(b) Address 817 W. High St. Jefferson City

17. (a) Burial (b) Date thereof 3/12/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Buescher Funeral Home

(b) Address Jefferson City, Mo

19. (a) 3/11/40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

(a) Means of injury \_\_\_\_\_

23. Signature Gas. A. Hill (M. D. or other) \_\_\_\_\_

Address Jefferson City, Mo Date signed 3/11/40

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jafferson City, 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.**