No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15364

State File No. 6

FILED MAY 1 - 1940

Registration District No. 492

Primary Registration District No. 5-6-5-2-a-4299

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln

(c) City or town Winfield
(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 Reuben Davis Tiller Sr.

3. (b) If veteran, name war

3. (c) Social Security. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Nancy Lee Tiller

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June (Month) 23 (Day) 1861 (Year)

8. AGE: Years 78 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Foley Mo (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Tiller
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah McClellan
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nancy Lee Tiller
(b) Address Winfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 40 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Corinth Cemetery

18. (a) Signature of funeral director Wayne McCoy
(b) Address Tray Mo.

19. (a) 4/21/40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1940 hour 10 A.M. minute M.

21. I hereby certify that I attended the deceased from 4-1, 1939, to 4-19, 1940 that I last saw ~~him~~ alive on 4-18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic

Due to Arterial Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature [signature] (M. D. or other)
Address Old Monroe Mo Date signed 4/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

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

If this body is not embalmed, above space should be left blank.