No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16204

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 70

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: N (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. O (b) County Saline

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

(d) Street No. 604 E. Yerby (If rural, give location)

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

3. (a) PRINT FULL NAME Caskey C. Tomlin 545

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Sallie M. Atkinson

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

7. Birth date of deceased June (Month) 9 (Day) 1871 (Year)

8. AGE: Years 68 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Boone Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired Farmer 9

11. Industry or business

FATHER
12. Name Stephen Tomlin 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. David Standley

(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 19 (Day) 1940 (Year)

(c) Place: burial or cremation Carrollton Mo.

18. (a) Signature of funeral director Milton Standley

(b) Address Carrollton, Mo.

19. (a) 4-18-40 (Date received local registrar) (b) Mary Kent Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18 year 1940 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1939, to Apr 18, 1940 that I last saw him alive on Apr 17, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs.
Due to	
Due to NBC	
Other conditions Hypertrophy Prostate (Include pregnancy within 3 months of death)	3 yrs
Major findings: Of operations —	
Of autopsy	

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? (Specify type of place)

While at work? — (e) Means of injury

23. Signature [illegible] (M. D. or other) 1

Address Marshall Date signed 4/18/40

(Licensed Embalmer's Statement on Reverse Side)

...ce Filed
...ict File Number 5-14-40
...ict Health Officer No. 8,
...IVED

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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

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