. No. 2
-11-10-39
5-17-39
•I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Mo. Vernon

State File No. 23034

Registration District No. 8 15 15 19 40 Primary Registration District No. 3039 Registrar's No. 130

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 232 N. Elm. (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) 48 yrs —

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon

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

(d) Street No. 232 N. Elm — (If rural, give location)

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

3. (a) PRINT FULL NAME Grace Mae Tow

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife R. E. Tow

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

7. Birth date of deceased Feb. 24, 1886 — (Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation Home work

11. Industry or business

MOTHER FATHER

12. Name Benjamin Franklin Gillman

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

14. Maiden name Mother —

15. Birthplace Unknown — (City, town, or county) (State or foreign country)

16. (a) Informant Elis Tow

(b) Address Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/40 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

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

(b) Address Nevada, Mo.

19. (a) 5/5/40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1940 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from April 19 1940 to May 3 1940 that I last saw him alive on May 3 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolism	12 hrs
Due to: Mural thrombus	?
Due to: GHB	
Other conditions (Include pregnancy within 3 months of death)	

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) no

(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) 7 M 5

While at work? (e) Means of injury

23. Signature R. N. Tarr (M. D. or other) MD

Address Nevada Mo. Date signed 5/4/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-40-941
Date Filed 6-24-40

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada Mo

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

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