

No. 2  
-10-39  
FILED  
24

JAN 13 1941

State File No. \_\_\_\_\_

Registration District No. 221

Primary Registration District No. 5300

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: none known  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether)

In this community entire life  
years, months or days 2

3. (a) PHINT FULL NAME George White Tomlinson

8. (b) If veteran, name war none

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

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Maude Jane Tomlinson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan. 27 - 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 25 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cooper County, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name Jeremiah Tomlinson

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

14. Maiden name Sally Woolery

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

16. (a) Informant Mrs. Geo. W. Tomlinson

(b) Address Otterville, Mo R.R. #1

17. (a) Burial (b) Date thereof 11-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo.

18. (a) Signature of funeral director S. F. Parker

(b) Address Otterville, Mo

19. (a) 11/27/1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Otterville, Mo - Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22  
year 1940 hour 11 minute 15 PM.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to Nov 22, 1940  
that I last saw him alive on Nov 17, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach Duration 18 mts

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

Due to 4/10

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 [Signature] (M. D. or other) \_\_\_\_\_

Address Otterville Date signed 11/27/40

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
12-21-40  
Date Filed

**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.....

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

Signed *Lucius F. Parker*  
Licensed Embalmer No. *3840*  
P. O. Address *Otterville, 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.