

FILED FEB 17 1941

Registration District No. 429

Primary Registration District No. 5633

Registrar's No. 11

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

1. PLACE OF DEATH

(a) County Lawrence

(b) City or town 7th Merion mo  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether)

In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence <sup>55</sup>

(c) City or town 7th Merion (Rural) <sup>0</sup>  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? X <sup>0</sup> years.

3. (a) PRINT FULL NAME Mrs. Jamie E. Tilletson

3. (b) If veteran, name war V

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1941 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 25 1941 to Jan 26 1941  
that I last saw her alive on Jan 25 1941 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: Feb 23 1873  
(Month) (Day) (Year)

Immediate cause of death Influenza <sup>Duration 10 days</sup>

Due to Chronic Arthritis <sup>25 years</sup>  
and Fibrosis of breast <sup>2 years</sup>

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 2 Days 11 If less than one day hr. min.

9. Birthplace 7th Merion mo <sup>0</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Jadock Newman

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

14. Maiden name Geneva Ann Jones

15. Birthplace 7th Merion mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations h 2 1

Of autopsy

PHYSICIAN —  
Underline the cause to which death should be charged statistically.

16. (a) Informant Leo E. Tilletson

(b) Address 7th Merion mo R 7

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial (b) Date thereof Jan 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Salon Cemetery

(e) Means of injury 4 a  
(Specify type of place) (c) Means of injury

18. (a) Signature of funeral director Leo B Orr

(b) Address 7th Merion mo

23. Signature P. A. Holmes (M. D. or other) 0

Address 7th Merion mo Date signed 1-27-41

19. (a) Jan 27-1941 (b) P. A. Holmes  
(Date received local registrar) (Registrar's signature)

RECEIVED

District ..... Case No. 0,

District ..... 141-214

Date Filed ..... FEB 7 19...

**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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.