

APR 19 1941
Registration District No. 51

Primary Registration District No. 4388

Registrar's No. 84

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(c) Name of hospital or institution Clinic, 4th + Carlton St.
(d) Length of stay: In hospital or institution 1 hour
In this community 1 hour years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(d) Street No. 404 E. 5th St.
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Susan Leila Tinsley

3. (b) If veteran, name war x none 3. (c) Social Security No. x none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Robert L. Tinsley 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 19, 1898
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation housework

11. Industry or business at home

12. Name Orin Edmund Crego

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

14. Maiden name Mary Elizabeth Crego

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

16. (a) Informant Beryl Tinsley

(b) Address Caruthersville, Mo

17. (a) Burial (b) Date thereof 2/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo

18. (a) Signature of funeral director Fargo and Co.

(b) Address Caruthersville, Mo

19. (a) Feb. 28, 1941 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23 year 1941 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb 23 - 1941
that I last saw her alive on Feb 23
and that death occurred on the date and hour stated above.

Immediate cause of death Shock + hemorrhage

Due to Multiple Injuries sustained in automobile collision

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 17. 20. 21. 22. Of autopsy 20. 21. 22.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Feb 23 - 1941

(c) Where did injury occur? Caruthersville, Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 5th + Carlton St. Caruthersville, Mo

(e) Means of injury While at work?

23. Signature C. J. Cair (M. D. or other) MD
Address Caruthersville Date Feb 27 - 41

Duration 1 hour
PHYSICIAN
Underline the cause to which death should be charged statistically.

3-41-12

7-2-41

17 Dec 1940

Highway Dept. report.
Collision c other motor vehicle.

SEP 13 1943

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 J. W. Schuman
Licensed Embalmer No. 4086
P. O. Address Courtsville, 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, fact should be so stated above.