

S. No. 2  
M-4-12-40  
v. 5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FRI MAY 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14509**

Registration District No. 3/2

Primary Registration District No. 5431a

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

3800  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Gentry Jackson Twp  
(b) City or town In Ambulance on way to Hosp  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution All Life (Specify whether  
In this community 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Gentry 38  
(c) City or town King City Mo.  
(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.? No years.

3. (a) PRINT FULL NAME Ada Brown Tomlinson.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 5.  
year 1941 hour 1 minute 30 P. M.

3. (b) If veteran, No name war \_\_\_\_\_ 3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

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

Immediate cause of death Cerebral hemorrhage

6. (b) Name of husband or wife Mark Tomlinson. 6. (c) Age of husband or wife if alive 59 years

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

7. Birth date of deceased Feb. 21. 1886.  
(Month) (Day) (Year)

Due to Hypertensive Heart Disease

8. AGE: Years 55 Months 1 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (include pregnancy within 3 months of death) Cholecystitis

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

Major findings: Of operations \_\_\_\_\_

10. Usual occupation House work.

Of autopsy \_\_\_\_\_

11. Industry or business Same

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? \_\_\_\_\_

12. Name Morris Pickard.

23. Signature Dr Zacke Barnes (M. D. or other) \_\_\_\_\_  
Address King City, Mo. Date signed 4/11/41

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

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

14. Maiden name Phoebie McPherson.

23. Signature Dr Zacke Barnes (M. D. or other) \_\_\_\_\_  
Address King City, Mo. Date signed 4/11/41

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

(Licensed Embalmer's Statement on Reverse Side)

16. (a) Informant Dora Snapp  
(b) Address King City Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4.7.1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation King City Mo.

23. Signature Dr Zacke Barnes (M. D. or other) \_\_\_\_\_  
Address King City, Mo. Date signed 4/11/41

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**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 *R. G. Taggart*.....  
Licensed Embalmer No. 2563.....  
P. O. Address King city 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.**