

DEPARTMENT OF COMMUNITY HEALTH  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18319  
Registrar's No. \_\_\_\_\_

Registration District No. 501 Primary Registration District No. 4304

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Linneus  
(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 \_\_\_\_\_  
In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth S. Tomlin  
8. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Horace A. Tomlin 6. (c) Age of husband or wife if alive 85 years  
7. Birth date of deceased Aug. 29, 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Eaton, Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Joshua Silver  
13. Birthplace Eaton, Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Mounce  
15. Birthplace 1 New Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray S. Tomlin  
(b) Address Plattburg, Mo.  
17. (a) Burial (b) Date thereof May 16, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Morris Chase Cemetery

18. (a) Signature of funeral director Rest Funeral Home  
(b) Address Brookfield, Mo.  
19. (a) May 16 - 41 (b) Maud J. Webb  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn  
(c) City or town Linneus  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 12  
year 1941 hour 7 minute 00 p. M.  
21. I hereby certify that I attended the deceased from March 29, 1941, to May 12, 1941  
that I last saw her alive on May 12, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration \_\_\_\_\_  
Due to Hypertension  
Due to \_\_\_\_\_  
Other conditions H/W  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(b) Date of occurrence: 5/12/41  
(c) Where did injury occur? Linneus  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
812 In back yard garden  
While at work? yes (Specify type of place) (e) Means of injury none  
28. Signature D. B. Willis (M. D. or other) D.O.  
Address Linneus, Mo. Date signed 5/17/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

0972 KSL

**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.....

*H. B. Wright*

Licensed Embalmer No.....

*3718*

P. O. Address.....

*Brookfield, 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.**