

FILED AUG 14 1941
Registration District No. 219

Primary Registration District No. 1682

Registrar's No. 22

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

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Braymer (rural) Monroe
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether
 In this community _____ / years, months or days)

3. (a) PRINT FULL NAME Louisa M. Till
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife John Henry Till 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 5 1856
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 5 24 _____ hr. _____ min.

9. Birthplace Unknown 1 Va.
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Allen Michael
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Marinda Collins
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sam Smith
 (b) Address Braymer, Missouri

17. (a) burial (b) Date thereof July 31, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Bernard F. Mead

(b) Address Braymer, Missouri

19. (a) 8-2-41 (b) Guthrie L. Curry
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 059
 (a) State Missouri (b) County Livingston 0
 (c) City or town Braymer (rural) 0
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1941 hour 6 minute 00p. M.

21. I hereby certify that I attended the deceased from March 25, 1941, to March 28, 1941;
 that I last saw her alive on March 28, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart without medical attendance
 Due to Cerebral thrombosis
Senile Dementia
Cerebral Arteriosclerosis
 Due to Sclerosis
 Other conditions (Include pregnancy within 3 months of death) _____

Duration same as usual
2 years
over 2 years
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings: Of operations 1/2
 Of autopsy 1/2

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 Car

23. Signature G. P. Woodsey (M. D. or other) MD
 Address Braymer, Mo. Date signed 7/30/41

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 *Bernard J. Mead*
Licensed Embalmer No..... 2801
P. O. Address..... Braymer, 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.