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17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35355

FILLED NOV 11 1941

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. Lea

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
828 S. Jefferson Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community years..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 828 S. Jefferson Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1941 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 13
1941 to Oct 29 1941
that I last saw him alive on Oct 29 1941
and that death occurred on the date and hour stated above

Immediate cause of death Senility
Duration not known

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1628
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Webster Tinkle

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

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

(b) Name of husband or wife Emma Tinkle 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 29 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 5 0 hr. min.

9. Birthplace ? Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Jacob Tinkle

13. Birthplace ? Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lee Butcher

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 10/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director R. P. Curran

(b) Address Aurora Mo.

19. (a) 11-1-41 (b) R. P. Curran, M.D.
(Date received local registrar) (Registrar's signature)

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 8

23. Signature Will Smith M.D. (M.D. or other)
Address 111 Pleasant Aurora Mo Date signed 10/31/41

710 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 1141-1675

Date Filed NOV 7 1941

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.....

Herma Purridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.