

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

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23159

FILLED NOV 27 1941

State File No.

Registration District No. 538

Primary Registration District No. 5723

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural--St. Michael *Circle*
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison *62*

(c) City or town Rural *000*
(If outside city or town limits, write "RURAL") *town*

(d) Street No. 4 miles northeast of Frederick-
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULLNAME Matilda Tinkler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edwin Fieldmin Tinkler

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Jan 23 1862
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>79</u> | <u>9</u> | <u>12</u> | hr. _____ min. _____ |

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Payne

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

14. Maiden name Unknown

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

16. (a) Informant Serena Miller

(b) Address RFD #2, Fredericktown, Mo.

17. (a) Burial (b) Date thereof 11-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison County Mo

18. (a) Signature of funeral director Stanley A. Dixon

(b) Address Fredericktown, Mo.

19. (a) Nov 6 1941 (b) S. A. Slaught
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th
year 1941 hour 3 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from Sept 1st 1941 to Nov-5 1941
and that death occurred on the date and hour stated above.

that I last saw him alive on Nov 4 1941

Immediate cause of death Cardiac asthma

Due to 95C²

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration 3mons

PHYSICIAN _____

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 _____

(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 _____

23. Signature Henry Barron (M. D. or other) U

Address Fredericktown Mo Date signed Nov 6-41

NOV 25 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.....

(Not Embalmed)

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Stanley H. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *Fredericktown, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.