

DEC 29 1941

Registration District No. 639

Primary Registration District No. 4-3-8-3 5878

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

1. PLACE OF DEATH:

(a) County Ozage  
(b) City or town Aud. Benton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Aud. mo. 1  
(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 MO (b) County Ozage  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Ernst E. TILLY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Johanna 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased March 10 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ludwigshof Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Fred Tilly  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Kucage  
(b) Address Aud. Missouri

17. (a) \_\_\_\_\_ (b) Date thereof 12-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedrichsburg mo

18. (a) Signature of funeral director Arnold Humbert  
(b) Address Marion mo.

19. (a) Dec 5 1941 (b) Ether Souder  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1941 hour 5 minute 30 a M.

21. I hereby certify that I attended the deceased from 12-1-  
1941 to 12-3- 1941;  
that I last saw him alive on 12-5- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: g3a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Howard Workman (M. D. or other) \_\_\_\_\_  
Address Zimmerman Date signed 12-5-41

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

MOTHER FATHER

*Embalmer*  
*1947*

*1947*

*1947*

*1947*

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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 *Chas. N. Pope*

Licensed Embalmer No. *2552*

P. O. Address *Morrison, 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.**