DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42781

Registration District No. 712 Primary Registration District No. 5941 Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural - Liberty

(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 ~~Life~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski 85

(c) City or town Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Herley Delphia Tomlinson

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 Alonzo Leonard Tomlinson

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

7. Birth date of deceased March (Month) 18 (Day) 1912 (Year)

8. AGE:	Years	Months	Days	If less than one day
	29	7	16	hr. min.

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

10. Usual occupation House Wife

11. Industry or business At home

FATHER
12. Name James Weir
13. Birthplace (City, town, or county) Okla. (State or foreign country) /

MOTHER
14. Maiden name Anna Smaley
15. Birthplace (City, town, or county) Okla. (State or foreign country) /

16. (a) Informant Gertrude Hill

(b) Address Laguey, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Waynesville - Mo

18. (a) Signature of funeral director J. L. Hoops - Sons

(b) Address Waynesville - Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 4

year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Oct 15, 1941, to Nov 2, 1941; that I last saw her alive on Nov. 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar)

Due to Exposure.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

108

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed [illegible]

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 1241-77
Date Filed 12-31-41

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.

Not Embalmed

Signed Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address .....

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.

V. S. No. 2B
0M—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 42781

Registration District No. 712 Primary Registration District No. 5941 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural
(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 (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Herley D. Tomlinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 18 (Day) 1912 (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Blank (Date received local registrar) (b) Blank Chas. M. Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

S-42781