

FILED MAR 3 1942
Registration District No. 99827

Primary Registration District No. 6181

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Potosi Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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)

3. (a) PRINT FULL NAME

Mary J Tillman

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 Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov 25 1891
(Month) (Day) (Year)

8. AGE: Years 90 Months 12 Days 20 If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business House wife

12. Name Williams Tillman

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

14. Maiden name Elizabeth Carigan

15. Birthplace Washington D C
(City, town, or county) (State or foreign country)

16. (a) Informant J W Potosi

(b) Address Potosi Mo R 1

17. (a) Burial (b) Date thereof Jan 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director J W Potosi

(b) Address Potosi Mo

19. (a) 1-16-1942 (b) Joseph L Thurman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 miles west of Potosi
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1942 hour 5 minute 20 M.

21. I hereby certify that I attended the deceased from July 2 1941 to Jan 14 1942
that I last saw her alive on Jan 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prothrombin Pulmonary

Due to Influenza Duration 6 days

Due to Senile Dementia 10 days 3 mo

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations t. 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 Joseph L. Thurman (M. D. or other) J
Address Potosi, Mo. Date signed 1-16-1942

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

RECEIVED

District Health Officer No. 4
District File Number 242-248
Date Filed 7-13-42

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 Ewert Sparks
Licensed Embalmer No. 2629
P. O. Address 6 Wino ma

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.