No. 2)
-1-4-41
-1-7-39
-A-26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10123

Registration District No. 53 Primary Registration District No. 3005 Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County BATES
(b) City or town RICH HILL MO.
(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 1 (Specify whether
In this community 14 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Bates -007
(c) City or town Rich Hill Mo 2 0
(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 0

3. (a) PRINT FULL NAME ELMER GEORGE TILLERY
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife LILLIE P. TILLERY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 8 (Day) 1878 (Year)

8. AGE: Years 63 Months 9 Days 6 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)
10. Usual occupation RETIRED FARMER
11. Industry or business
FATHER
12. Name JAMES TILLERY
13. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Queen Victoria DuVall
15. Birthplace MO (City, town, or county) 0 (State or foreign country)
16. (a) Informant Lawrence Tillery
(b) Address Rich Hill Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 16 (Day) 42 (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director Booths
(b) Address Rich Hill Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 14TH
year 1942 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 10 1942 to Mar 14 1942
that I last saw him alive on Feb 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Aortic Insufficiency
Due to
Due to
Other conditions Senile Dementia
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93d
Of autopsy

Duration

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 [signature] (M. D. or other) M.D.
Address Rich Hill, Mo Date signed 3/14/42

56 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-42-325
Date Filed 4-7-42

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo

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.

No. 2B
6.4—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10123

Registration District No. 53 Primary Registration District No. 3005 Registrar's No.

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rich Hill
(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 years, months or days)
In this community

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

4. Sex M
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 June 8 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 9 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
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
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) March 14 1942 (Date received local registrar) (b) Claude J. Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 14 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him 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)
(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
Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY