

S. No. 2  
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S. 5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19191

FILED JUN 3 1942 831

Registration District No. 831 Primary Registration District No. 45-036092 Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbyville, Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Black Creek Hosp  
(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 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

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

(d) Street No. 3 miles St. East of Shelbyville  
(If rural, give location)

(e) Citizen of foreign country? D (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Bennett Henry Tonkinson

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

7. Birth date of deceased August 5th 1866  
(Month) (Day) (Year)

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

75 8 19 hr. min.

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

10. Usual occupation Farming

11. Industry or business.....

MOTHER FATHER { 12. Name Henry R Tonkinson

{ 13. Birthplace Springfield Ohio  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Martha Robertson

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

16. (a) Informant Mrs Mary Tonkinson

(b) Address Shelbyville Mo.

17. (a) Burial (b) Date thereof 4/26/42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Shelbyville

18. (a) Signature of funeral director William H. Barkley

(b) Address Shelbina Mo.

19. (a) Apr 30 42 (b) Nadge Good  
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24 year 1942 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from Sept 18 1942 to Apr 24 1942 that I last saw him alive on Apr 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

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

Major findings: Of operations.....

Of autopsy.....

102

0

10

D

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?.....

While at work? D (Specify type of place) (e) Means of injury.....

23. Signature P. C. Archer (M. D. Archer)  
Address Shelbyville Mo Date signed 5-27-42

RECEIVED

District Health Officer No. 10

District File Number 6-1-1982

Date Filed JUN 1 - 1942

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: Henry A. Buckle

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.**