No. 2
-9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23736

Registration District No. 26-10 Primary Registration District No. 5-0-3-4-5037 Registrar's No. 101

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution East River Township 1 (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 about two years

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo (b) County Audrain
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 11 mi north 7 miles on 15 (If rural, give location)
(e) Citizen of foreign country? English British (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lily B. Tanwater
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 W
6. (b) Name of husband or wife Joseph Walter Tanwater
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Oct (Month) 24 (Day) ? (Year)

8. AGE: Years 75+ Months Days If less than one day hr. min.

9. Birthplace Delaware (City, town, or county) Penn (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Christian Cramer
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amey Bellamy
15. Birthplace on Ocean (City, town, or county) (State or foreign country)
16. (a) Informant Lee Talley
(b) Address Mexico R #2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Parks Chapel Clinton Mo
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo Big Foot Funeral Home
19. (a) July 6-42 (Date received local registrar) (b) Margaret H Macku (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from May 23, 1942 to July-5, 1942 that I last saw her alive on July-3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Fracture of Right Leg - May 22-1942	
Due to Hemoptysis 1941 (Sept-)	
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 004
(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 R. H. Van Wingarden M.D. or other DO
Address Mexico Mo. Date signed 7-6-42

10 7 4 (Licensed Embalmer's Statement on Reverse Side) Dr. Van Wingarden

RECEIVED
District Health Officer No. 10
District File Number 8-42-15-49
Date Filed AUG 11 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 Fred W. Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton N.

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
—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. 23763

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 101

1. PLACE OF DEATH:

(a) County: Andrain

(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 years, months or days)

In this community: 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Andrain

(c) City or town: Rural (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: Lily B Tarwater

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:

6. (b) Name of husband or wife: Oct

6. (c) Age of husband or wife if alive: 24 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years: 25+ Months: Days: If less than one day: min.

9. Birthplace (City, town, or county) Penn (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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July 21 Day: 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.

Immediate cause of death: Hypostatic Pneumonia

Due to: Fracture of right lung May 22 1942

Due to: Hemoplegia 1941 (Sept)

Other conditions (Include pregnancy within 3 months of death): 16a

Major findings: Of operations: 18

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): accident

(b) Date of occurrence: May 22, 1942

(c) Where did injury occur? Andrain Co., Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home on farm (Specify type of place)

While at work? (e) Means of injury: fall

23. Signature: R. W. Van Hoozer M.D. (M.D. or other)

Address: Neffs, Mo. Date signed: 8-7-42

SUPPLEMENTARY