

FILED AUG 13 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 997

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mary Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 hrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County De Kalb  
(c) City or town Stewartville  
(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 Alice Marie Tiffany

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 30 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 13 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Maxwell Clyde Tiffany

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

14. Maiden name Mrs. Elizabeth Reynolds

15. Birthplace Verdant Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Max Tiffany

(b) Address Stewartville Mo.

17. (a) Burial (b) Date thereof July 1-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewartville Ill.

18. (a) Signature of funeral director G. F. Lyon

(b) Address Stewartville Mo.

19. (a) July 1-42 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 30 1942 to July 1 1942  
that I last saw her alive on July 1  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature death of 7 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Jim Century (M.D. or other) \_\_\_\_\_

Address Stewartville Mo. Date signed 7-1-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1233

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

Licensed Embalmer No.....

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.**