

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph  
(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 41 years, (Specify whether years, months or days)

In this community 41 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL.")

(d) Street No. 3220 Lafayette Street,  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Glendora Tilson

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Alva D. Tilson 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 23, 1873  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>9</u>	<u>27</u>	<u>br. min.</u>

9. Birthplace Andrew County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Monroe Wyatt

13. Birthplace Andrew County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Aldrich

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

16. (a) Informant Alva D. Tilson

(b) Address 3220 Lafayette Street

17. (a) Burial (b) Date thereof 3/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Harold J. Bruman  
(b) Address 319 So. 10th Street, Home

19. (a) 8-27-42 (b) Rae Hergoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25  
year 1942 hour 8 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 21  
1942 to Aug 25 1942  
that I last saw her alive on Aug 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast with generalized metastases

Due to

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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 Harold J. Bruman (M. D. or other)  
Address St. Joseph, Mo. Date signed 8-25-42

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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, 8/25/42 ~~or by~~ \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

Harold Bowman  
Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.