

FILED JAN 11 1943

Registration District No. 274

Primary Registration District No. 6273

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County North

(b) City or town North - Callen township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7 Dalehold Imp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 70 yrs (Specify whether  
In this community: \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North

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

(d) Street No. Grant City, Mo.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT BARNETT TILLET

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 single

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

7. Birth date of deceased: Feb 7 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace East Co. Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

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

MOTHER FATHER { 12. Name Isaac Tillet

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

14. Maiden name Elizabeth Tillet

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

16. (a) Informant Clark Tillet

(b) Address Grant City, Mo.

17. (a) Rural (b) Date thereof Dec 10 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oxford Cemetery

18. (a) Signature of funeral director Arch Campbell

(b) Address Grant City, Mo.

19. (a) Dec 15 1942 (b) Arthur Selden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9  
year 1942 hour 1:00 minute A.M.

21. I hereby certify that I attended the deceased from Dec 1, 1942 to Dec - 9, 1942  
that I last saw him alive on Dec 8, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction of heart Duration 3 hrs.

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

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

Other conditions hypertension  
(Include pregnancy within 9 months of death)

Major findings: Of operations no Of autopsy no

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) no

(b) Date of occurrence Dec 9 1942

(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 no

23. Signature Arthur Selden (M. D. or other) \_\_\_\_\_  
Address Grant City, Mo. Date signed 12/10/42

1104

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

13  
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9

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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.....

*Arch C. Dunfee*

Licensed Embalmer No. *3252*

P. O. Address..... *Grant City, 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.**