

S. No. 2
1-9-4-41
7-5-17-39
P1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2046

Registration District No. 91 Primary Registration District No. 5730 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Crawford-Oregon
(b) City or town Rural
(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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(c) City or town Willard Mo. Tunaloo
(d) Street No.
(e) Citizen of foreign country?
If yes, name country

3. (a) PRINT FULL NAME Rebecca Tinker
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6/1/1852

8. AGE: Years 90 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Tenn

10. Usual occupation Man

MOTHER FATHER
11. Industry or business
12. Name Steven Lappa
13. Birthplace Tenn
14. Maiden name Rosie Johnson
15. Birthplace Tenn

16. (a) Informant Iris Tinker
(b) Address Delford and
17. (a) Deless Beatty Date thereof 11-26-1942
(b) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1-11-1943 (b) E E Beatty

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 25th year 1942 hour 2 minute 9 M.
21. I hereby certify that I attended the deceased from Nov 11 to Nov 11 1942
that I last saw him alive on Nov 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Valvular disease
Due to heart
No physician in attendance with sudden
Other conditions
Major findings:
Of operations
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)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature J. A. G. Parker (M. D. or other)
Address Willard Mo Date 11-27-42

RECEIVED

District Health Officer No.

District File Number 2438

Date Filed _____

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 _____

Not Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

[Handwritten Signature]

Licensed Embalmer No. _____

2628

P.O. Address _____

Stabley 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.