No. 2
-9-4-41
17-39
X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2776

FILED FEB 9 1943

Registration District No. 184 | Primary Registration District No. 5690 | Registrar's No. 48

8 0 0

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Rural - Yellow Creek Township (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 ..... In this community: 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn
(c) City or town: Rural - Yellow Creek Township (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: /

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3. (a) PRINT FULL NAME: ORA MAY TOMLINSON
3. (b) If veteran, name war: ..... 3. (c) Social Security No. 488-14-4235

4. Sex: Male | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: DIVORCED
6. (b) Name of husband or wife: ..... 6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: June (Month) 18 (Day) - 1876 (Year)

8. AGE: Years 66 | Months 7 | Days 4 | If less than one day: ..... hr. ..... min.

9. Birthplace: COLLEGE MOUND (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Coal Miner
11. Industry or business: HARVEY WINE COAL CO.
FATHER 12. Name: Logan Tomlinson
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lizzie Hinz
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Minnie Grady
(b) Address: Brookfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet
18. (a) Signature of funeral director: James McLaughlin
(b) Address: Marceline Mo.
19. (a) 1-25-1943 (Date received local registrar) (b) W W Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 22 year: 1943 hour: 3 minute: A.M.
21. I hereby certify that I attended the deceased from: Called As Coroner 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Unknown	
Found in bed at the	
Due to: Office of Harvey Wine	
Coal Company.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: none	

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? (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: Dale Bunch Coroner (M. D. or other)
Address: Marceline Mo Date signed: 1/24/43

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(Licensed Embalmer's Statement on Reverse Side)

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

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. Blanche M Laughlin

Licensed Embalmer No. 1909

P. O. Address. Marceline,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

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STANDARD CERTIFICATE OF DEATH

State File No. 2776

Registration District No. 184 Primary Registration District No. 5690 Registrar's No. 48

1. PLACE OF DEATH:
(a) County: Linn
(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. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Ora May Tomlinson
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: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: June (Month) 18 (Day) 1878 (Year)
8. AGE: Years 66 Months 7 Days If less than one day hr. min.
9. Birthplace: (City, town, or county) Mo. (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 January 22 year 1943 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	Duration
Probably Acute Myocarditis	
Due to	
Due to	
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
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature Dale Bunch Coroner (M. D. or other)
Address Marceline Mo Date signed 3/4/43

SUPPLEMENTARY