

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

FILED MAR 10 1943  
98

State File No. ....

Registration District No. 98

Primary Registration District No. 5367

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Davies  
(b) City or town Rural - Monroe Twp.  
(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)  
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Davies 310  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Davies Co - Monroe Twp  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME W<sup>m</sup> FRANCIS TATTERSHALL

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Theodore Ernest 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 6 1850  
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 20 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Carter

(b) Address Hamilton MO

17. (a) Burial (b) Date thereof July 27 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kuypton No

18. (a) Signature of funeral director Brown & Sons

(b) Address Hamilton Mo

19. (a) 3-3-1943 (b) R. C. Johnson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26<sup>th</sup>  
year 1943 hour 2:30 minute 30 M.

21. I hereby certify that I attended the deceased from July 25, 1943 to July 26, 1943  
that I last saw him alive on July 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Cerebral Hemorrhage

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 2

23. Signature J. J. Bousman (M.D. or other) MO.

Address Hamilton Date signed 7/25/43

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, or by me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed: Morris A. Brown  
Licensed Embalmer No. 3918  
P. O. Address Hamilton

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

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