S. No. 2
M—5-42
5-17-39

FILED
JUL 29 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25885

State File No.

Registration District No. 297 | Primary Registration District No. 3057 | Registrar's No. 46

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(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 30. Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town DeWitt
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME William Oliver. Tillman

3. (b) If veteran, name war 1918

3. (c) Social Security No. 485-07-2253

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary A. Tillman

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April (Month) 13 (Day) 1894 (Year)

8. AGE: Years 49 | Months 3 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace Slater (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name W. L. Tillman
13. Birthplace Slater (City, town, or county) Mo. (State or foreign country)

14. Maiden name Francis O. Campbell
15. Birthplace Slater (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Mary A. Tillman
(b) Address DeWitt Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July.22.1943 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Burial~~ Brunswick, Mo.

18. (a) Signature of funeral director C. Thomas
(b) Address Richmond Mo.

19. (a) 7/22 43 (Date received local registrar) (b) Mrs Chas W Sheffard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Fall from and being run over by a railroad car

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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) accident 1089
(b) Date of occurrence July 21 1943
(c) Where did injury occur? Richmond (City or town) Ray (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Town (Specify type of place)
While at work? yes (e) Means of injury

23. Signature D. H. F. Bafer (M. D. or other)
Address Richmond Mo Date signed 7.22.43

1280 (Licensed Embalmer's Statement on Reverse Side)

JUL 30 1948

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 [signature]

Licensed Embalmer No. 2073

P. O. Address Richmond 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.