

FILED SEP 14 1943

Registration District No. 296

Primary Registration District No. 6073

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Clifton Hill
(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 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Clifton Hill
(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 Carl Vernon Tillerson

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, Single

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

7. Birth date of deceased June 15 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 1 27 hr. min.

9. Birthplace Clifton Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Guy Tillerson

13. Birthplace Clifton Hill Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nadine Tillerson

15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Tillerson
(b) Address Clifton Hill, Missouri

17. (a) burial (b) Date thereof 8/13/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill Cemetery

18. (a) Signature of funeral director Tom B. Patton

(b) Address Winterville MO

19. (a) 8-31-43 (b) Mrs. P. Dreyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1943 hour 10:30 P.M. minute

21. I hereby certify that I attended the deceased from Aug 10 1943 to Aug 11 1943
that I last saw him alive on Aug 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Whooping cough
Duration

Due to

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?

(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

23. Signature W. E. Almond (M. D. or other)

Address Clifton Hill MO Date signed 8-16-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 9-43-1515

Date Filed SEP 10 1943

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 *Paul J. Patton*

Licensed Embalmer No. 4095

P. O. Address *Huntville, Ga.*

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.