

LED NOV 12 1943

Registration District No. 266

Primary Registration District No. 5898

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Ozark  
(b) City or town Rural - Richland  
(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 41 yrs.  
In this community 41 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 077  
(c) City or town Rural - Richland  
(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 Edith Tilman

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex Female 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 14 1902  
(Month) (Day) (Year)

8. AGE: Years 41 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Ozark County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name Worley Tilman  
13. Birthplace North Manchester Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Melba E. Cobb  
15. Birthplace Ozark County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Tilman  
(b) Address Elijah, Missouri

17. (a) Burial (b) Date thereof 10-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation James Cemetery

18. (a) Signature of funeral director Chinkingbear Funeral Home  
(b) Address Sainsville Mo

19. (a) Oct 23, 1943 (b) O. S. Claybrook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16  
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-14, 1943, to 10-16, 1943,  
that I last saw her alive on 10-2, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Encephalitis

Due to: Art. ...

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

23. Signature E. C. Scher M.D. or other M.D.  
Address West Plains, Mo Date signed 10-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

582

RECEIVED

District Health Officer No. 6;  
District File Number 1143-1204  
Date Filed NOV 9 1943

with the body of the deceased

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**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 *W.B. Hutchison*

Licensed Embalmer No. *3431*

P. O. Address *Yamessville Va*

**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.**