

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 18 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43263**  
Registrar's No. **110**

Registration District No. **273**

Primary Registration District No. **3051**

1. PLACE OF DEATH:  
(a) County **Perry**  
(b) City or town **Perryville Mo.**  
(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 **6 Months** (Specify whether years, months or days)  
In this community **6 Months**

3. (a) PRINT FULL NAME **Andrew Henry Tinker**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Rose Tinker** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **May 1 1861** (Month) (Day) (Year)

8. AGE: **82** Years **7** Months **13** Days If less than one day **hr. min.**

9. Birthplace **Crawford Co. Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **John Tinker**  
13. Birthplace **Washington Co. Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Asher**  
15. Birthplace **Washington Co. Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Rose Tinker**  
(b) Address **Perryville Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-17-1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Leadindton Mo.**

18. (a) Signature of funeral director **Young & Sons**  
(b) Address **Perryville Mo.**

19. (a) **12-16-43** (Date received local registrar) (b) **Thor J Elder** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Francis**  
(c) City or town **Perryville Mo.** (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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **December** day **14** year **1943** hour minute M.

21. I hereby certify that I attended the deceased from **Nov. 15 1943** to **Dec 14 1943** that I last saw him alive on **Dec 14 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **1 hr.**  
Due to **Coronary Sclerosis** 1 yr  
Due to **chronic myocarditis** 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **930**  
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)  
(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 **Ed Carron** (M. D. or other)  
Address **Perryville Mo** Date signed **12-16-43**

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

RECEIVED

District Health Officer No. 4

District File Number 144-3241

Date Filed 1-11-44

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

Licensed Embalmer No. 2138

P. O. Address Perryville 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.