

FILED MAR 28 1944
Registration District No. **316**

Primary Registration District No. **6075**

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

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Farmington, Route 4**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **RURAL ST. FRANCOIS TWP. County Jefferson**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 years**
In this community **20 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Francois**
(c) City or town **Farmington, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 4**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LUCY TOMLINSON**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **23** year **1944** hour **7** minute **15** A.M.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased **July 4 1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 2 1944** to **Feb 23 1944**
that I last saw her alive on **Feb 21 1944**
and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **6** Days **19** If less than one day hr. _____ min. _____

Immediate cause of death **Pulm. Em.** Duration **unk.**

9. Birthplace **Don't know Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housekeeping**

Due to _____
Due to _____
Other conditions **ant. & mitral regurg.**
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business _____
12. Name **John Nash**
13. Birthplace **Don't know 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't know**
15. Birthplace **Don't know 9**
(City, town, or county) (State or foreign country)

Major findings: **13 ft.**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Tomlinson**
(b) Address **Poplar Bluff, Mo. RR. 5**
17. (a) **Burial** (b) Date thereof **3-25-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Francois, Mo.**
18. (a) Signature of funeral director **C. J. Boyer**
(b) Address **DeSloge, Missouri**
19. (a) **MARCH 4, 1944** (b) **Burdie Burkmaster**
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature **H. P. Sailer** (M. D. or other) _____
Address **DeSloge, Mo.** Date signed **2-28-44**

1197b

RECEIVED

District Health Officer No. 4

District File Number 344-398

Date Filed 3-27-44

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.....

Julia P. Boyd

Licensed Embalmer No. 3660

P. O. Address desloge

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.