

27844

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 13 1944
Registration District No. 19447

Primary Registration District No. 3023

Registrar's No. 140

42
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clinton Genl O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 months
(Specify whether years, months or days)

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 316 EAST Ohio
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CLARA MABEL TILLMAN

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 26 year 1944 hour 4 minute 00 M.

4. Sex F 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 0 years

7. Birth date of deceased: FEB 6 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1943 to Aug 26 1944
that I last saw her alive on Aug 25 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 6 Days 20 If less than one day hr. min.

9. Birthplace: Henry Co mo
(City, town, or county) (State or foreign country)

Immediate cause of death Hypostatic pneumonia 5 da

10. Usual occupation Home work

11. Industry or business

12. Name NELSON H. TILLMAN

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Harriet A Leeton

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Due to Pneumonia, disseminated

Due to Emphysema

Other conditions 80 lb
(Include pregnancy within 3 months of death)

16. (a) Informant Carl Tillman

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 8-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consuelo

(b) Address Clinton mo

19. (a) Aug 28 1944 (b) Georgia Fitcher
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

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 J. H. Walther (M. D. or other) M.D.
Address Clinton mo Date signed 8-28-44

1069

(Licensed Embalmer's Statement on Reverse Side)

100-1000
V.S. No. 2

RECEIVED

ORDER No. 7,

8-44-1050

Date 9-11-58

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.....

J E Conzalin

Licensed Embalmer No. 1891

P. O. Address *Clinton 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.