

FILED SEP 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28178

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town RURAL CARUTHERSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Shrine Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. Rt. 1. CARUTHERSVILLE, MO (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Edward Tankersley

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 MARRIED

6. (b) Name of husband or wife Essie Tankersley 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased November 8 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>8</u>	<u>10</u>	hr. _____ min.

9. Birthplace PYBURNS Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name William George Tankersley 1

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

14. Maiden name Ruthen Van Hoose 1

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

16. (a) Informant Mrs. W. E. Tankersley (Essie)

(b) Address Rt. 1. CARUTHERSVILLE, MO

17. (a) BURIAL (b) Date thereof 7 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, MO

18. (a) Signature of funeral director J. B. Daniel

(b) Address Box 216 Caruthersville, MO

19. (a) 8-24-1944 (b) Jesse N. Marky
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1944 hour 11 minute _____ P.M.

21. I hereby certify that I attended the deceased from July 15 1944 to July 16 1944 that I last saw him alive on July 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis both lungs

Other conditions 12 ft
(Includes 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 J. B. Daniel (M.D. or other) _____
Address Caruthersville, MO dated 7.20.44

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

MOTHER FATHER

1206

(Licensed Embalmer's Statement on Reverse Side)

8-44-207

SEP 18 194

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 Walter A. Hopkins

Licensed Embalmer No. 5002

P. O. Address Wenatchee

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.