

FILED OCT 13 1944

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 100

1. PLACE OF DEATH:

(a) County HARRISON
(b) City or town BETHANY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
REID HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. CYPRESS TWP.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4
year 1944 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 6, 44
1944 to Sept 4, 44 1944
that I last saw him alive on Sept 4, 44
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia
Duration 1 yr

Due to Chronic nephritis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 1318
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME OLIVER P. TILLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BERTHA 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 8 18 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 16 If less than one day hr. _____ min. _____

9. Birthplace HARRISON Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business AGRICULTURE

12. Name SANFORD M. TILLEY

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

14. Maiden name LYDIA SALMON

15. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant Grand Tilley

(b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 9/6/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURRIS CEMETERY

18. (a) Signature of funeral director S. M. Haas

(b) Address Bethany, Mo.

19. (a) 9/9/44 (b) Zola M. Burris
(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) (e) Means of injury _____
23. Signature D. J. Reid (M. D. or other) _____
Address _____ Date signed _____

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

APR 19 1954

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..... *Thomson H. Haas*

Licensed Embalmer No. *2861*

P. O. Address..... *Bethany, 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.