

S. No. 2  
 OM-8-43  
 v. 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED JAN 16 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

2649

State File No. \_\_\_\_\_

Registration District No. 157

Primary Registration District No. 5589

Registrar's No. 270

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Rural--Union Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Route 3, Carthage  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 63 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper **49**  
 (c) City or town Rural **0**  
(If outside city or town limits, write "RURAL") **11**  
 (d) Street No. Route 3, Carthage  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_ **11**

**3. (a) PRINT FULL NAME** Mary Martha Tilton

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Wesley Tilton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 28 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Grayson County Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

12. Name Jasper Snyder

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

14. Maiden name Kezziah Riggs

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

16. (a) Informant Mrs. Joe Cunningham

(b) Address Route 3, Carthage, Mo.

17. (a) Burial (b) Date thereof Dec. 15, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Dec. 14 '44 (b) Elizabeth Conklin  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 12  
 year 1944 hour 4:45 minute 8 M.

21. I hereby certify that I attended the deceased from Dec 11 1944 to Dec 12 1944  
 that I last saw her alive on Dec 11 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 24 hrs

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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? \_\_\_\_\_

23. Signature R.A. Webster MD M. D. or other \_\_\_\_\_  
 Address Carthage, Mo Date signed Dec 14 '44

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

9  
0  
0

1203

(Licensed Embalmer's Statement on Reverse Side)

44-12-1108

**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 Leroy Kneel - Bucknell

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.**