S. No. 2
DM—5-43
V. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27663

FILED AUG 29 1945

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper Co.
(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community Non-Resident

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee
(c) City or town Galena
(If outside city or town limits, write "RURAL")
(d) Street No. 511 Joplin St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard Roscoe Tillman
3. (b) If veteran, name war World War I
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ruby Tillman
6. (c) Age of husband or wife if alive Divorced years
7. Birth date of deceased May (Month) 14 (Day) 1887 (Year)

8. AGE: Years 58 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Galena (City, town, or county) Kan. (State or foreign country)
10. Usual occupation Smelter Employee
11. Industry or business Eagle-Picher Smelter
FATHER
12. Name Charles Tillman
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Aggie Stapleton
15. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Ruby Tillman
(b) Address Joplin, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Galena, Kan.
18. (a) Signature of funeral director Frank Allison
(b) Address Galena, Kan.
19. (a) 8-28-45 (Date received local registrar) (b) Ed S Jasina MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1945 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from July 23 19 to July 26 1945 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Duration)
in Mass
Due to Hypertension
Due to History of alcoholic excesses
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. J. Bonine MD (Dr. or other)
Address Galena Kans. Date signed July 31 45

1404 (Licensed Embalmer's Statement on Reverse Side)

45-7-663

SEP 4 1943

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 Removed to Galena Kan. before Embalmed Registered Apprentice No. working under my personal supervision.

Signed Frank Allison

Licensed Embalmer No. 132

P. O. Address Galena Kan

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.