

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31206

State File No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

Registration District No. 278  
 Primary Registration District No. 3054

1. PLACE OF DEATH  
 (a) County Pike  
 (b) City or town Louisiana  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Pike Co Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 months  
 In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Pike 82  
 (c) City or town Louisiana 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 607 Virginia 1  
 (If rural, give location)  
 (e) Citizen of foreign country? No 0  
 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Beatrice H. Tillotson  
 (b) If veteran, name war No  
 (c) Social Security No. 492-28-2037

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 28  
 year 1945 hour 9:10 minute 10A M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed,  married, divorced \_\_\_\_\_  
 (b) Name of husband or wife B. H. Tillotson 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased: Sept 20 1894  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1945 1940 to 8-28 1945  
 that I last saw her alive on 8-27 1945  
 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 11 Days 8  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Spindle Cell Sarcoma of retroperitoneal glands  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Pike Co Mo  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Homemaker

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Same as above  
 Of operations none  
 Of autopsy no

11. Industry or business Home  
 12. Name Gordon MARTIN  
 13. Birthplace Pike Co Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Bell Boyd  
 15. Birthplace Pike Co Mo  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) none  
 (b) Date of occurrence none  
 (c) Where did injury occur? none  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none  
 While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury no

16. (a) Informant Beat Tillotson  
 (b) Address Louisiana Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/45  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Louisiana Pike Co Mo  
 18. (a) Signature of funeral director [Signature]  
 (b) Address Louisiana Mo  
 19. (a) 8/28/45 (Date received local Registrar) (b) [Signature] (Registrar's Signature)

23. Signature [Signature] (M. D. or other)  
 Address Louisiana Mo Date signed 8/28/45

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

82  
1  
2

MOTHER FATHER

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

OCT 14 1948

RECEIVED

District Health Officer No. 10

District File Number 9-45-1413

Date Filed SEP 17 1945

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.....

*George O. Wagner*

Registered Apprentice No.....

working under my personal supervision.

Signed *George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.