

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. **33448**

Registration District No. **5-8**

Primary Registration District No. **5-2 12**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Carter**

(b) City or town **Van Buren (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **in home of his son Carter**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) **40 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Carter 18**

(c) City or town **Van Buren (Rural)**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James L. Tilley**

3. (b) If veteran name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21**  
year **1945** hour **12** minute **55 P.M.**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 25 1862**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6-21**, 19**43** to **Sept 29**, 19**43**  
that I last saw him alive on **Sept 29**, 19**43**  
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **2** Days **26** If less than one day hr. min.

Immediate cause of death **Arteriosclerosis, Chronic Bright's Disease, Essential Hypertension, Infarctus of age.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **1315**

10. Usual occupation **farmer**

11. Industry or business \_\_\_\_\_

12. Name **Bennie Tilley**

13. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Rufus Tilley**

(b) Address **Van Buren Mo**

17. (a) **Burial** (b) Date thereof **10-23-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation **Gresham**

18. (a) Signature of funeral director **Seaton Hewitt**

(b) Address **Van Buren Mo**

19. (a) **Oct. 27-45** (b) **Mrs Octa Henson**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature **Frank R. ...** (D. or other) **D.O.**

Address **Van Buren Mo** Date signed **10-21-45**

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

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

1145409

11. 6. 75.

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

Seaton Dewitt

Licensed Embalmer No.

2287

P. O. Address:

Van Buren 7

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.