

FILED JAN 8 1946

Registration District No. 2 Primary Registration District No. 5827

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Lewis Township Highway 62  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Lewis Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. Highway 62  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Tawney

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

4. Sex Male 5. Color or race white 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 May 2 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 6 18 hr. min.

9. Birthplace Columbia City, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager Handle Factory

11. Industry or business Haltwell Bros.

MOTHER FATHER  
12. Name unknown  
13. Birthplace unknown 4  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. H. Tefiller 1

(b) Address Malden, Missouri

17. (a) Burial (b) Date thereof 11-21-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem.

18. (a) Signature of funeral director Robert Funeral Home

(b) Address Lilbourn, Missouri

19. (a) 11-20-45 (b) H. J. Ponder Deputy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20  
year 1945 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from Oct 1  
1945, to Nov 20, 1945  
that I last saw him alive on Nov 16, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate gland Duration \_\_\_\_\_

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

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

Other conditions Uremia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 518

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? \_\_\_\_\_

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

23. Signature E. J. Jones (M.D. or other) \_\_\_\_\_  
Address Lilbourn Mo Date signed Nov 20 45

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

**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 Walter L. Ponder  
Licensed Embalmer No. 3367  
P. O. Address Tilbourn, Missouri

**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.**