

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1946
Registration District No. 132

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5340

Primary Registration District No. 3021

Registrar's No.

40
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town TRENTON 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1615 Main St 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FANNIE E. TILLMAN
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 4TH
year 1946 hour 6:05 minute A M.
21. I hereby certify that I attended the deceased from Jan 4
1946 to Jan 4 1946
that I last saw her alive on Jan 4 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife O. W. TILLMAN 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Dec 26, 1886
(Month) (Day) (Year)

Immediate cause of death: Chronic Arthritis Deformans 9 years
Duration
Due to do not know

8. AGE: Years 59 Months 0 Days 8 If less than one day _____ hr. _____ min.
9. Birthplace GENERY Co MISSOURI
(City, town, or County) (State or foreign country)

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation HOUSEWIFE
11. Industry or business HOME
12. Name ROBERT NALL
13. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name SARAH LOCKWOOD
15. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 598
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant O. W. Tillman
(b) Address Trenton Mo.
17. (a) burial (b) Date thereof Jan 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation F.O.D.F. Cemetery
18. (a) Signature of funeral director Ray A. Damm
(b) Address Trenton Mo.
19. (a) 1-31-46 (b) James Fair
(Date received local registrar) (Registrar's signature)

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) _____ means of injury Car
23. Signature Oliver F. Duff (M. D. or other) Jan 4
Address Trenton Mo. Date signed _____

DISTRICT HEALTH OFFICE
Cameron, Mo.

DEC 5 1948

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.....
.....
working under my personal supervision.

m self
Registered Apprentice No.....
Signed *Raymond A. Davis*
Licensed Embalmer No. *3424*
P. O. Address *Drenton 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.