

FILED MAY 8 1946  
Registration District No. 67

Primary Registration District No. 4110

1. PLACE OF DEATH:

(a) County Chautau  
(b) City or town Salisbury  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1  
(Specify whether  
In this community about 11 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chautau  
(c) City or town Salisbury  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location) 0  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18  
year 1946 hour 5 minute 30 a. M.  
21. I hereby certify that I attended the deceased from May 20, 1946, to April 18, 1946  
that I last saw him alive on April 17, 1946  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME James Woody Tillerson  
3. (b) If veteran, name war -  
3. (c) Social Security No. -

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Margaret Joyce Tillerson  
6. (c) Age of husband or wife if alive don't know  
7. Birth date of deceased: (Month) 7 (Day) 22 (Year) 1869

Immediate cause of death Chronic nephritis  
Duration Don't know

8. AGE: Years 76 Months 9 Days 24  
If less than one day hr. min.

Due to.....  
Due to.....

9. Birthplace: (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)

11. Industry or business Farming

Major findings:  
Of operations.....  
Of autopsy.....

12. Name Don't know

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

14. Maiden name unknown

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

16. Informant William Henry Tillerson

(b) Address Hibbard on 46

17. (a) buried (b) Date thereof: (Month) 4 (Day) 20 (Year) 46

(c) Place: burial or cremation Salisbury Cemetery

18. (a) Signature of funeral director Wesley Thompson

(b) Address Madison, Mo

19. (a) 4-20-46 (b) W. H. Hawkins (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) (e) Means of injury 0

23. Signature Carl C. Meegan (M. D. meegan)

Address Keokuk, Mo Date signed 4/19/46

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

MOTHER FATHER

11433

1  
02

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-7-46

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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 Mrs Freda Thompson

Licensed Embalmer No. 3242

P. O. Address Madison, Md

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.