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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Kelly

State File No. 24112

FILED AUG 8 1946

Registration District No. 7 Primary Registration District No. 5608 Registrar's No. 20

**1. PLACE OF DEATH:**

(a) County Johnson

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

(c) Name of hospital or institution: Route #2, Holden, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 26 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Johnson 51

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #2 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country xxxx

3. (a) PRINT FULL NAME SARAH ELIZA TALLMAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Jessie Tallman

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased April 27, 1875
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | 2 | 27 | hr. min. |

9. Birthplace Wathena, Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business At Home

FATHER
12. Name Lafayette Noe
13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mae Bohannon 1
(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof July 26 '46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kingsville, Missouri

18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri

19. (a) Aug 1, 1946 (b) Mrs G V Redford
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 24
year 1946 hour 2:10 minute P M.

21. I hereby certify that I attended the deceased from July 24, 19 46 to July 24, 19 46
that I last saw h alive on July 23, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other conditions Gen Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — 93d

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

23. Signature Kellin Rawlins M. D.
Address Holden Mo Date signed 7/26/46

150 (Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**