

S. No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **352**

FILED JAN 20 1947

Registration District No. **42** Primary Registration District No. **5134** Registrar's No. **19**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rural Washington Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1/2 mile So. of City on Memorial Highway
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 years, months or days) 30 years

3. (a) PRINT FULL NAME Marie Matilda Tinley
 3. (b) If veteran, name war No 3. (c) Social Security None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Thomas H. Tinley
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased June 13 1878
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>6</u>	<u>20</u>	hr. min.

9. Birthplace: Wheeling West Virginia
 (City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business: at home

MOTHER FATHER

12. Name Joseph Kocovr
 13. Birthplace Unknown New York 1
 (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: Thomas H. Tinley

(b) Address: 1/2 miles so of city on Mem. Highway

17. (a) Burial (Burial, cremation, or removal) Atchison, Kansas
 (b) Date thereof 1/5/47
 (Month) (Day) (Year)

18. (a) Signature of funeral director: Heaton B. Tob + Rowen and
 (b) Address St. Joseph, Mo.

19. (a) 1-8-47 (Date received local registrar) (b) G. L. Jenkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Rural Washington Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1/2 Mi. So of City on Mem. Highway
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
 year 1947 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from 12-20-45
 _____, 19____, to Jan. 3, 19 47
 that I last saw her alive on January 3, 19 47
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Abdominal distention

Due to Chronic glomerular nephritis

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 131B

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)
 (c) Means of injury 0

23. Signature: Geoff Rowen (M. D. or other) M.D.
 Address 218 N. 7th St. Joseph, Mo. Date signed 7-3-46

Duration

2 yrs.

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Eugene Wood

Licensed Embalmer No.....

3804

P. O. Address.....

319 5010th St Joseph

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.