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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1763

Registration District No. 206 Primary Registration District No. 5744 Registrar's No. 170

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural (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 ..... (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison 22

(c) City or town Rural Rt. 4 (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME William G. Tinnin

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M.O

5. Color or race W.

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

6. (b) Name of husband or wife Louie Tinnin

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 24 (Day) 1868 (Year)

8. AGE: Years 78 Months 8 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Madison Co (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Farming

11. Industry or business —

FATHER
12. Name King Tinnin
13. Birthplace Madison Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Ann Tessreau
15. Birthplace Madison Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Lona L. Tinnin

(b) Address Fredericktown Mo Rt 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29-47 (Month) (Day) (Year)

(c) Place: burial or cremation Rhodes Chapel Cme.

18. (a) Signature of funeral director Wess Holt

(b) Address Fredericktown Mo

19. (a) 1-31-1947 (Date received local registrar) (b) Florence Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1947 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 1 26, 1947, to 1/27, 1947 that I last saw him alive on 1-26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular heart lesions	4 yrs
Due to arteriosclerosis	
Due to	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death) and mental break	

Major findings:
Of operations
Of autopsy

PHYSICIAN
—Underline the cause to which death should be charged statistically.

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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 W Harry Barron (M. D. or other)

Address Fredericktown Mo Date signed 1/31-47

187 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 247-178
Date Filed 2-3-47

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 John Helt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.