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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1947

Registration District No. 3-14

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

3860

State File No.

Primary Registration District No. 41-47

Registrar's No. 1

**1. PLACE OF DEATH:**

(a) County Worth

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Entire Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Worth 11

(c) City or town Grant City Mo
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Margrett Ann Tilton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife John Tilton

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased April (Month) 3 (Day) 1863 (Year)

**8. AGE:** Years 83 | Months 9 | Days 0 | If less than one day ___ hr. ___ min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER
12. Name Andrew McELVANE
13. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)

FATHER
14. Maiden name Deborah Combs
15. Birthplace Decoin (City, town, or county) Ill (State or foreign country)

16. (a) Informant Heald Tilton

(b) Address Grant City Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-6-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Allendale Cemetary

18. (a) Signature of funeral director John Andrews

(b) Address Grant City Missouri

19. (a) Jan. 10-1947 (Date received local registrar) (b) Lita G Dawson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 3

year 1947 hour 9:30 minute a M.

21. I hereby certify that I attended the deceased from Dec -1 1946 to Jan 3 - 1947;
that I last saw her alive on Jan 3 - 1947;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Mitral regurgitation & Heart | 5 Yrs |
| Due to | |
| Due to | |
| Other conditions. Senility. (Include pregnancy within 3 months of death) | |

Major findings:
Of operations C & D

Of autopsy No

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

23. Signature E J Ross MD (M. D. or other)

Address Grant City Mo Date signed Jan 6 1947

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

**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.....
John Andrews, Registered Apprentice No.....,
working under my personal supervision.

Signed.....John Andrews.....

Licensed Embalmer No. 4211

P. O. Address.....Grant City 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.**