

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13029
Registrar's No. 177

Registration District No. 107

Primary Registration District No. 3019

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett, mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fussell Hosp 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 45 yr
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Dunklin 35
(c) City or town Kennett, mo
(If outside city or town limits, write "RURAL")
(d) Street No. 304 Pool St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth J. Tinsley
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 26
year 1947 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from 4-22-47
19, to 4-26-47 19;
that I last saw her alive on 4-26-47 19;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry C. Tinsley (Deceased)
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 7 1867
(Month) (Day) (Year)

Immediate cause of death
uremia 4 day
hypertension years
Cholelithiasis 16 days
Due to _____
Other conditions Diabetes Mellitus years
(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 10 Days 19
If less than one day _____ by _____ min.

9. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

MOTHER FATHER
11. Industry or business _____
12. Name Don't know
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Emeline Key
15. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Hattie Fuller
(b) Address Kennett, mo
17. (a) Burial (b) Date thereof April 29 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge
18. (a) Signature of funeral director W. H. [unclear]
(b) Address Rector Park
19. (a) 4-28-1947 (b) Earl Thurman
(Date received local registrar) (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) (c) Means of injury _____
23. Signature J. R. Russell (M. D. or _____)
Address Kennett mo Date signed 4-26-47

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

RECEIVED

District Health Office No. 2,

District File Number 547-632

Date Filed 5-5-47

STATEMENT BY LICENSED EMBALMER

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 R. Casner

Licensed Embalmer No.

2912

P. O. Address

Rector, Ark

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.