

S. No. 2
—12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21761**
Registrar's No. **25**

Registration District No. **247**

Primary Registration District No. **5839**

1. PLACE OF DEATH;
(a) County **Newton**
(b) City or town **Rural Granby township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Granby Rt# 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **All Life** (Specify whether
In this community **All Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Newton**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Granby Rt. # 1** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Virginia Tilton**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **28**
year **1947** hour **9** minute **15** A.M.
21. I hereby certify that I attended the deceased from **Jan. 21** 19 **47** to **May 28** 19 **47**
that I last saw him **at home** and that death occurred on the date and hour stated above.
Immediate cause of death **Heart block** Duration **Several years**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **George R. Tilton** 6. (c) Age of husband or wife if alive **_____** years
7. Birth date of deceased **July 4 1869**
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **24**
If less than one day hr. _____ min. _____

9. Birthplace **Newtonia, Missouri** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Joe Fowler** 9

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Marian Marshall**
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **W.C. Tilton**

(b) Address **Granby Rt. 1**

17. (a) **Burial** (b) Date thereof **May 30 '47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mound Chapel Cemetery**

18. (a) Signature of funeral director **Bigham Mortuary**

(b) Address **Neosho, Missouri**

19. (a) **6-12-47** (b) **M. L. Young**
(Date received local registrar) (Registrar's signature)

Due to **Hypertension**
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: **95A**
Of operations _____
Of autopsy _____

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 **0**
23. Signature **W. Colless** (M. D. or other) _____
Address **Granby Mo** Date signed **June 2 47**

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

1361 07 7MP

RECEIVED

Public Health Office No. Norton
File No. 647-120
6-23-47

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 David E. Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.