

FILED NOV 12 1947

Registration District No. **2986**

Primary Registration District No. **4424**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Polk**

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

(c) Name of hospital or institution: **Geo. Hemmitt Memorial Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks** (Specify whether)

In this community **3 weeks**
years, months or days

3. (a) PRINT FULL NAME **Andrew J. Tinsley**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Mary E. Tinsley**

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

7. Birth date of deceased **Nov. 21 1859**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	11	9	hr. _____ min.

9. Birthplace **Jacksonville Ill. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jeptha H. Tinsley 1**

13. Birthplace **Unknown Ky. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Hoagland**

15. Birthplace **Jacksonville Ill. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Asa Tinsley**

(b) Address **Flemington Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 2 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flemington Cemetery**

18. (a) Signature of funeral director **W. H. Shinn**

(b) Address **Humanville Mo.**

19. (a) **Nov. 3, 1947** (b) **Quale Kirkpatrick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stickney 43**

(c) City or town **Rural** (If outside city or town limits, write "RURAL")

(d) Street No. **Weaubleau Sup.** (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **30**
year **1947** hour **8** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **October 1947** to **October 30, 1947**
that I last saw him alive on **October 30, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to _____

Due to _____

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

Major findings: Of operations **ASD**

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? _____

(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature **H. G. Robison** (M. D. or other **M.D.**)
Address **Humanville Mo.** Date signed **11/11/47**

RECEIVED
District Health Officer No. 71
10.27.1291
District File Number 11-10-47
Date Filed

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.....

William J. Bresswell, Registered Apprentice No. *472*
working under my personal supervision.

Signed *E. H. Rimmer*

Licensed Embalmer No. *4282*

P. O. Address *Humansville, 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.