

FILED DEC 15 1947

Registration District No. **341**

Primary Registration District No. **3075**

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

1. PLACE OF DEATH:

(a) County **Stoddard**  
(b) City or town **Dexter**  
(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  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard** **103**  
(c) City or town **Dexter** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **1**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **David Ethridge Tankersley**

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 **Married**

6. (b) Name of husband or wife **Cora E. Tankersley** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 1 1879**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **1** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Brick Mason**

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name **Benjamin Tankersley** **9**

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

14. Maiden name **Sarah Kirby**

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

16. (a) Informant **Mrs. Cora E. Tankersley**

(b) Address **Dexter, Missouri**

17. (a) **Burial** (b) Date thereof **11-25-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Strickland-Rainey**

(b) Address **Dexter, Missouri**

19. (a) **12/3-47** (b) **Margaret Smith**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **22**  
year **1947** hour **11** minute **05** P. M.

21. I hereby certify that I attended the deceased from **10 Oct**, 19**46**, to **21 Nov**, 19**47**  
that I last saw him alive on **21 Nov**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **General infarction of base**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Arthritis atrophic**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **59P**

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 **J. L. Waddle** (M. D. or other) **MD**  
Address **Dexter Mo** Date signed **26 Nov 47**

1 JAN 7 1948  
DEC 22 1947

RECEIVED

District Health Office No. 2

District File Number 1247-1562

Date Filed 12-8-47

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.....

Licensed Embalmer No. 3479

P. O. Address..... Wester, Ma

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.