

No. 300
A-10-47
5-17-39
I 3906

FILED JAN 27 1948
Registration District No. 57

Primary Registration District No. 5515

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 mi north Clinton, Shawnee Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry #2
(c) City or town Clinton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Shawnee Twp
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CARL S. TILLMAN
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23
year 1948 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Head on Arrival
that I last saw Head on Arrival arrive on 19
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Clada Tillman 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased: Aug 26 1881
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion - immediate
Due to _____
Due to _____
Other conditions Chronic Myocarditis 2 years
(Include pregnancy within 3 months of death)

8. AGE: Years 66 Months 4 Days 27 If less than one day _____ hr. _____ min.

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
- Of operations _____
Of autopsy 93D

9. Birthplace Henry Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming

MOTHER FATHER
11. Industry or business _____
12. Name Nelson Tillman
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Harriet Deaton
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Myself
(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 1-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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? 0

(c) Place: burial or cremation Englewood Maus
18. (a) Signature of funeral director Paul Busabus & Pech
(b) Address Clinton Mo
19. (a) 1-27-48 (b) R. H. Kenney
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work _____ (c) Means of injury W.D.
Signature R. H. Kenney (M. D. or other)
Address Clinton Mo Date signed 1/24/48

FEB 13 1948

RECEIVED
District Health Officer No. 7,
District File Number 1-2-47-3078
Date Filed 1-26-48

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 R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton 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.