

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1948

Registration District No. 448

Primary Registration District No. 4238

Registrar's No. 10

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

800

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
at her own home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Buckner
(If outside city or town limits, write "RURAL") 1

(d) Street No. none used
(If rural, give location) 6

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country XX

3. (a) PRINT FULL NAME Nettie Tichenor

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5
year 1948 hour 5:30 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 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 married

6. (b) Name of husband or wife William F. Tichenor 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 28 1883
(Month) (Day) (Year)

Immediate cause of death Brainy relapse

Due to acute relapse

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>4</u>	<u>8</u>	hr. _____ min. _____

Due to _____

Other conditions 97
(Include pregnancy within 5 months of death)

9. Birthplace Red Hill Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business her own home work

Major findings:
Of operations History & symptoms

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Robert F. Sands

13. Birthplace Orangeburg Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Reynolds

15. Birthplace Red Hill Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. F. Tichenor

(b) Address Buckner Missouri

17. (a) burial (b) Date thereof 9-8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Hill Cemetery

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? _____

18. (a) Signature of funeral director W. M. Reppert

(b) Address Buckner, Missouri

19. (a) Sept. 6, 1948 (b) W. M. Reppert
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Amie G. ... (M. D. or other) ...

Address 1424 ... Date signed ...

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.....

Mr. Ralph O. Jones

....., Registered Apprentice No.

working under my personal supervision.

Signed

Vernon M. Reppert

Licensed Embalmer No. 4311

P. O. Address Buckner, 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.