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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33128

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4017

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The Children's Mercy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 hrs 55 min (Specify whether
In this community 11 hrs 55 min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 94
(c) City or town Bolivar, Box 154
(If outside city or town limits, write "RURAL")
(d) Street No. Box 154
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thelma Jean Tillery
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe
5. Color or race White
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept ~~October~~ 4 ~~3~~ 1941 ~~1948~~
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	7	0	29	hr. min.

9. Birthplace Bolivar, Mo
(City, town, or county) (State or foreign country)
10. Usual occupation child
11. Industry or business
FATHER
12. Name Robert Tillery
13. Birthplace Humansville Mo
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Georgeanna McGinnis
15. Birthplace Wishard, Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Father Robert Tillery
(b) Address Box 154, Bolivar, Mo
17. (a) Removal (b) Date thereof Oct 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: ~~Burial~~ Removal Bolivar, Mo
18. (a) Signature of funeral director Geo. C. Carson Geo. C. Carson Funeral Home
(b) Address 101 N Pleasant Indep Mo
19. (a) 10-3-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1948 hour 2:00 minutes 55 P.M.
21. I hereby certify that I attended the deceased from Oct 3, 1948 2:55 a.m., 19..., to Oct 3, 1948 2:55 P.M.
that I last saw her alive on Oct 3, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bulbar Poliomyelitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 36
Of autopsy Same

PHYSICIAN
Underline the cause of 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 0
23. Signature E. C. H. Schmidt E. C. H. Schmidt (M. D. ~~or other~~)
Address Mercy Children Date signed 3 Oct 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 1 1948

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 John M. Fleeman Registered Apprentice No. 269 working under my personal supervision.

Signed R. D. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.