

No. 2  
2-45  
7-39  
K47070

FILED DEC 15 1948

Registration District No. **338**

Primary Registration District No. **4501**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County **Stoddard**  
(b) City or town **Bloomfield**  
(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) **1**  
(d) Length of stay: In hospital or institution **---** (Specify whether  
in this community **Years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard** **103**  
(c) City or town **Bloomfield**  
(If outside city or town limits, write "RURAL") **2**  
(d) Street No. **---** (If rural, give location) **0**  
(e) Citizen of foreign country? **None** (Yes or No)  
If yes, name country **---**

3. (a) PRINT FULL NAME **SARAH ELLEN TILLER**  
3. (b) If veteran, name war **---**  
3. (c) Social Security No. **---**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **5th**  
year **1948** hour **3:45 P.M.** minute **---** M.

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow 2**  
6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive **---** years  
7. Birth date of deceased **Aug. 26, 1859**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **OCT. 30** 19 **48**, to **Nov. 5** 19 **48**  
that I last saw h. **ER** alive on **Nov. 5** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC MYOCARDITIS** Duration **YEARS**  
Due to **ARTERIOSCLEROSIS** " "  
Due to **---** " "

8. AGE: Years Months Days If less than one day  
**89** **2** **9** hr. min.

Other conditions **HYPERTENSION** " "  
(Include pregnancy within 3 months of death)  
**SENILE DEBILITY** " "

9. Birthplace **Near Bloomfield, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

Major findings: **935**  
Of operations **---**  
Of autopsy **---**  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business **---**  
12. Name **Eldige Crawford**  
13. Birthplace **---** **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ann Scism**  
15. Birthplace **---** **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Cecil Tiller (Son)**  
(b) Address **Bloomfield, Mo.**  
17. (a) **Burial** (b) Date thereof **Nov. 7, 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Pleasant cemetery**  
18. (a) Signature of funeral director **Chiles Und. Co.**  
(b) Address **Bloomfield, Mo.**  
19. (a) **1270-48** (b) **Rose Webber**  
(Date received local registrar) (Registrar's signature)

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) (Means of injury)  
23. Signature **D. O. DAVIS** (M. D. or other) **D. O.**  
Address **BLOOMFIELD** Date signed **11-20-48**

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

RECEIVED  
District Health Office No. 2,  
District File Number 1248-1621  
Date Filed 12-13-48

---

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 Lulu Cooper  
Licensed Embalmer No. 3499  
P. O. Address Bloomfield, 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.