S. No. 2
1—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945
Registration District No. 787

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17424

Primary Registration District No. 3040

Registrar's No. 6-3

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1521 West Clay St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Months (Specify whether home)
In this community 10 Months
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 520 Admiral Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME Alda A. Tattershall
3. (b) If veteran, name war XXX
3. (c) Social Security No. XXX
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Clarence C.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 27 (Day) 1884 (Year)

8. AGE: Years 60 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Purdin, (City, town, or county) Mo. (State or foreign country) O
10. Usual occupation Housewife
11. Industry or business
12. FATHER Name John W. Garrett
13. FATHER Birthplace Linn Co. (City, town, or county) Mo. (State or foreign country) O
14. MOTHER Maiden name Martha Cassity
15. MOTHER Birthplace Linn Co. (City, town, or county) Mo. (State or foreign country) O
16. (a) Informant Harley L. Tattershall
(b) Address 526 Admiral K C Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Purdin, Mo.
18. (a) Signature of funeral director Donald F. Gordan
(b) Address Chillicothe, Mo.
19. (a) April 17 (Date received local registrar) (b) Louella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1945 hour 12 minute 9 M.

21. I hereby certify that I attended the deceased from Sept 5, 1944 to April 16, 1945
that I last saw h[illegible] alive on April 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2-7-1944
Due to Bright Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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

23. Signature M E Lovett DO (M. D. or other)
Address Chillicothe Mo Date signed 4/17/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

MAY 19 1965

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 Wayne Rollins

Licensed Embalmer No. 1164

P. O. Address Chillicothe 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.