

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27910

State File No. _____

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 335

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

1. PLACE OF DEATH:

(a) County Buller Co
 (b) City or town Paplar Bluff, Mo
(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)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buller
 (c) City or town Paplar Bluff Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. V
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Steve T. Tilley
 8. (b) If veteran, name war _____ 8. (c) Social Security No. 2222

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
 year 1941 hour 7 minute 5 am

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Martha Tilley 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Dec 29 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 1941 to Sept 1 1941
 that I last saw him alive on July 1 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 8 Days 3 If less than one day _____ hr. _____ min.
 9. Birthplace Wayne Co - Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Cerebral hemorrhage Duration 6 mo
 Due to Arteriosclerosis ?
 Due to Hypertension ?
 Other conditions 83A
(Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER
 12. Name John Henry Tilley
 13. Birthplace Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Martha Tilley
 (b) Address Paplar Bluff Mo
 17. (a) Burial (b) Date thereof: 10-2-41 2PM
(Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Zion
 18. (a) Signature of funeral director Watkins Trust
 (b) Address Dexter Mo
 19. (a) 9-2-41 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause, 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) _____
 (e) Means of injury X
 23. Signature [Signature] (M. D. or other) M.D.
 Address Paplar Bluff Mo Date signed 7/1/41

RECEIVED

District Health Office No. 2,

District File Number 941-1204

Date Filed 9/4/44

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

B. J. Benthlinger

Licensed Embalmer No. 4201

P. O. Address Dexter, 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, above space should be left blank.