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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39187

DEC 17 1941 736

State File No.

Registration District No.

Primary Registration District No. 0908

Registrar's No. 293 (28)

1. PLACE OF DEATH:

(a) County: Ralls
(b) City or town: Ilasco Darrington Inn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ilasco Mo
(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)

3. (a) PRINT FULL NAME: Perry L Tatman
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Month) (Day) (Year)

7. Birth date of deceased: April 8 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months Days If less than one day
hr. min.

9. Birthplace: Ill
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

12. Name: Gilby Tatman

13. Birthplace: Ill
(City, town, or county) (State or foreign country)

14. Maiden name: Arvilla Coleman

15. Birthplace: Ill
(City, town, or county) (State or foreign country)

16. (a) Informant: W. L. Tatman

(b) Address: Ilasco Mo.

17. (a) Burial (b) Date thereof: 11 5 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Philadelphia Mo.

18. (a) Signature of funeral director: James M. Howell

(b) Address: Hannibal Mo.

19. (a) Nov 19 1941 (b) Blanche Megown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ralls
(c) City or town: Ilasco
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 4
year: 1941 hour: 145A minute: 4 M.

21. I hereby certify that I attended the deceased from Sept 2
1941 to Sept 3 1941
that I last saw h./her alive on Sept 3rd 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Bronchiectasis Duration: 4 years.

Due to: 61

Other conditions: Diabetes Mellitus ?
(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?

While at work?..... (Specify type of place)
(e) Means of injury: 0

23. Signature: Harry L. Greene (M. D. number)
Address: 102 N. 11th St. Hannibal Date signed: 11/5/41

655 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2199

Date Filed DEC 15 1941

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 Harold C. Stannell

Licensed Embalmer No. 3889

P. O. Address Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.