DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1942

Registration District No. 104

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6141

Primary Registration District No. 51538

Registrar's No. 24

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#6 Fulton, 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Callaway 14
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R#6 Fulton 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME FLOYD TOMLINSON
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paralee Tomlinson
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April (Month) 3 (Day) 1879 (Year)

8. AGE: Years 62 | Months 9 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Virginia (State or foreign country)
10. Usual occupation Trucking
11. Industry or business Farm
FATHER
12. Name Whitney Tomlinson
13. Birthplace ____ (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name DK
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)
16. (a) Informant's own signature Mrs Paralee Tomlinson
(b) Address Fulton, Mo. Route 6
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Cemetery
18. (a) Signature of funeral director Leo G Wallace
(b) Address Fulton, Missouri
19. (a) 1-22-42 (Date received local registrar) (b) Jour. Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20
year 1942 hour 10 minute A M.
21. I hereby certify that I attended the deceased from 1-19 ____, 1942 to 1-20, 1942
that I last saw him alive on 1 20, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Endocarditis	18 hrs
Due to	
Due to 91b	
Other conditions Gastric Ulcers (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 0
23. Signature W E Coyne (M. D. or other) ____
Address R#6 Fulton Mo Date signed 1-21-42

1147

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.