

AUG 10 1942
Registration District No. 466

Primary Registration District No. 5369

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Lynn Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME William C Tallent

3. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Vandalia Tallent 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 23 1850
(Month) (Day) (Year)

8. AGE: Years 92 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business X

MOTHER FATHER { 12. Name Jonathan Tallent
18. Birthplace X X
(City, town, or county) (State or foreign country)
14. Maiden name Manda Roberts
15. Birthplace X X
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse B. Tallent
(b) Address Salem Mo

17. (a) burial (b) Date thereof 7/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stonehill Mo

18. (a) Signature of funeral director Paul H. Spencer
(b) Address Salem Mo

19. (a) 1-12-42 (b) J. V. [unclear]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1942 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from March 16 1937 to July 11 1942
that I last saw him alive on July 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Physical Deteria
Due to Physical Deteria

Due to Physical Deteria
Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations 107
Of autopsy 107
Underlie 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)
(a) Means of injury 0
23. Signature A. E. Smith M.D. (M. D. or other) MD
Address Salem Missouri Date signed 7-12-42

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

3000

RECEIVED

District Health Officer No 5

District File Number 742472

Date Filed 8-6-42

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

Licensed Embalmer No. _____

P. O. Address _____

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.