

FILED FEB 9 1943
Registration District No. 20

Primary Registration District No. 4198

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town King City Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 75 years years, months or days

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

3. (a) PRINT FULL NAME Boston Tomlinson.
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or Race Cau.
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Aldora Tomlinson.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 27, 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 27
If less than one day _____ hr. _____ min.

9. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Tomlinson.

13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth ?

15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Tomlinson.

(b) Address King City Mo.

17. (a) Burial. (b) Date thereof 1.28.43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Cem.

18. (a) Signature of funeral director R. G. Taggart

(b) Address King City Mo.

19. (a) Feb 1 - 1948 (b) Homer W. Mober
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25.
year 1943. hour 11. minute 10. A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Jan 26, 1943
that I last saw him alive on Jan 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Due to Arterio Sclerosis
Due to Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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)
23. Signature H. W. Mober (M. D. or other) M. D.
Address King City, MO Date signed 1/30/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1108

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

38
02

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.....

R. G. Taggart

Licensed Embalmer No.....

25-63

P. O. Address.....

King City 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.