

**FILED FEB 8 1943**

Registration District No. **316**

Primary Registration District No. **3059**

1. PLACE OF DEATH:

(a) County **St. Francois**  
(b) City or town **Bonne Terre**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Bonne Terre Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 hours**  
(Specify whether  
In this community **7 hours**  
years, months or days)

3. (a) PRINT FULL NAME **William Ernest Tinnin**

3. (b) If veteran, name war ..... 3. (c) Social Security No. **486-16-8726**

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

7. Birth date of deceased **June 9 1909**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**33 7 1** ..... hr. .... min.

9. Birthplace **Bollinger County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Miner**

11. Industry or business **Lead Mines**

12. Name **Jake Tinnin**

13. Birthplace **Madison County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Susie Yount**

15. Birthplace **Bollinger County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Umfleet**

(b) Address **Mine LaMotte, Missouri**

17. (a) Removal **Removal** (b) Date thereof **1-12-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mine LaMotte, Mo.**

18. (a) Signature of funeral director **Stanley A. Dixon**

(b) Address **Fredericktown, Mo.**

19. (a) **Jan. 13, 1943** (b) **Byndie Bukhmete**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**  
(c) City or town **Mine LaMotte**  
(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 .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **10**  
year **1943** hour **10** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Jan 10 1943** to **Jan 10 1943**; that I last saw him alive on **Jan 10 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Left side intracranial hemorrhage**

Due to **Skull fracture**

Due to .....

Other conditions (Include pregnancy within 3 months of death) **Multiple lacerations over face & body**

Major findings: Of operations **1952/15**

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident O.B.E.**

(b) Date of occurrence **Jan 10 1943**

(c) Where did injury occur? **Mine LaMotte, Madison Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Industrial place**

While at work? **Yes** (Specify type of place) (6) Means of injury **Rock**

23. Signature **David Taylor** (M. D. or other) **M.D.**

Address **Bonne Terre Mo** Date signed **1-16-43**

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

MOTHER FATHER

74  
29  
1

Duration  
**7 hrs.**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Health Officer No. 4  
District File Number 243-1666  
Date Filed 2-5-43

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**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 Virgil H. Welch

Licensed Embalmer No. 24102

P. O. Address Fredricks town - Md.

**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.**