

FILED JUL 13 1943
Registration District No. **32**

Primary Registration District No. **6093**

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

1. PLACE OF DEATH:

(a) County SALINE

(b) City or town MARSHALL Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life
years, months or days

3. (a) PRINT FULL NAME ISREAL J TANSIMORE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 5. Color or race Negro

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 MARCH 14 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace SALINE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JACK TANSIMORE

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

14. Maiden name MARTHA GRANT

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

16. (a) Informant Mrs LIZZIE CLAY

(b) Address MARSHALL MO

17. (a) BURIAL (b) Date thereof June 28 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SLATER

18. (a) Signature of funeral director DON SHORT

(b) Address MARSHALL MO

19. (a) 6-27-43 (b) D. M. T. Weather
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR MARSHALL MO.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1943 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 1943 to June 26 1943
that I last saw him alive on June 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Due to _____

Due to _____

Other conditions none
(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 _____

23. Signature [Signature] (M. D. or _____)

Address Marshall Date signed 6/27/43

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-9-43

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address marshall ms

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.