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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 424

Primary Registration District No. ~~5579~~ 5590

Registrar's No. 168

**1. PLACE OF DEATH:**

(a) County Jefferson

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

(c) Name of hospital or institution: TANNER HOME 1 3½ MI-SW CEDAR HILL MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution OWN HOME (Specify whether
In this community 6 MOS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State CALIFORNIA (b) County 999

(c) City or town ATIWANDA 7
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 9

3. (a) PRINT FULL NAME SAMANTHA TOMLINSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOW

6. (b) Name of husband or wife LEMUEUL TOMLINSON

6. (c) Age of husband or wife if alive ~~[illegible]~~ years

7. Birth date of deceased AUGUST (Month) 4 (Day) 1864 (Year)

8. AGE: Years 79 Months — Days 25 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

FATHER
12. Name BENJAMIN AUSTIN JOHNSON
13. Birthplace UNKNOWN (City, town, or county) TENNESSEE (State or foreign country)

MOTHER
14. Maiden name EMELINE TREADWAY
15. Birthplace UNKNOWN (City, town, or county) TENNESSEE 1 (State or foreign country)

16. (a) Informant John Tanner

(b) Address Dittmer Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 31-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Local Cem. Cedar Hill Mo

18. (a) Signature of funeral director [illegible]

(b) Address Home Springs

19. (a) Sept. 7-43 (Date received local registrar) (b) A. H. Eaton (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 29 year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 27th 1943, to Aug 28th 1943 that I last saw her alive on Aug 28th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic Interstitional Nephritis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 3/a

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature T. B. Edwards (M. D.)

Address Cedar Hill Mo Date signed

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(Licensed Embalmer's Statement on Reverse Side)

## 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. 1470

P. O. Address House Springs 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.**