

No. 2
9-4-41
7-39
X22

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29038**
Registrar's No. **83**

Registration District No. **275**

Primary Registration District No. **5942**

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla - Rolla Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rolla 2-1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 33 yr - 5 mo years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps **81**
(c) City or town Rolla (If outside city or town limits, write "RURAL") **0**
(d) Street No. Rt. 2 - 66 West (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Dora May Tillott

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Felix Tillott 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 5 1910 (Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name George W. Sherrell
13. Birthplace Miller Co. Mo (City, town, or county) (State or foreign country)
14. Maiden name Caroline West
15. Birthplace Marion Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mark Sherrell
(b) Address Rolla, Mo

17. (a) Burial (b) Date thereof 8-14-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arlington Mo

18. (a) Signature of funeral director Alfred Smith
(b) Address Rolla Mo

19. (a) 8-14-1943 (b) John H. Baker (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1943 hour 3 minute 45 P.

21. I hereby certify that I attended the deceased from June 1 1943 to August 13 1943 that I last saw her or alive on August 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 6 yrs

Due to _____

Due to _____

Other conditions 13 fl (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) (e) Means of injury _____

23. Signature M. Kunderwood (M.D. or other) _____
Address Rolla Mo Date signed 8-14-43

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

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

FILED SEP 8 1943

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. 3643

P. O. Address Quincy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 275

Primary Registration District No. 5442

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla (If outside city or town limits, write "RURAL" and name of township) Rolla, Mo.

(c) Name of hospital or institution: Mo. 2 - 7th - Hwy 66 W. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

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

(d) Street No. Rt. 2, Hwy 66 W. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Dora May Jillett

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Year 1963 Day _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 5 (Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days _____ (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

29038