

FILED FEB 17 1944

Registration District No. _____

Primary Registration District No. **3016**

Registrar's No. **11**

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 da.
In this community same (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Oberia R.F.D.
(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 Joseph J. Tillman

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Catherine Ann Tillman 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased October 17th 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frank Tillman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hoeschel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jos. J. Tillman
(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Vernon Minton
(b) Address Linn, Mo.

19. (a) 1-16-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1944 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Jan. 11 1944 to Jan 16 1944
What I last saw him alive on Jan 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

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) (c) Means of injury 0

23. Signature M.R. Cleary (M. D. or other) MD
Address Jefferson City Mo Date signed 1/16/44

Duration

1 wk

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Vernon Morton*
Licensed Embalmer No. *4125*
P. O. Address *Linn*

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.