S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6863

Registration District No. 34 Primary Registration District No. 5247 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: ✓ (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 entire lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21

(c) City or town rural (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 0

3. (a) PRINT FULL NAME Alfred Owen Tillotson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of ~~husband~~ or wife Isabelle Tillotson

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March (Month) 12 (Day) 1873 (Year)

8. AGE: Years 70 Months 10 Days 25 If less than one day hr. min.

9. Birthplace rural Salisbury (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name Joseph W. Tillotson
13. Birthplace rural Salisbury (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Martha Finnell
15. Birthplace rural Salisbury (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Edna Lee Dawson

(b) Address Salisbury, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 8 (Day) 1944 (Year)

(c) Place: burial or cremation Salisbury City Cemetery

18. (a) Signature of funeral director Chas B Winkelmeyer

(b) Address Salisbury, Mo.

19. (a) 2/7/44 (Date received local registrar) (b) R.A. Gehring (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1944 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to Feb 7, 1944 that I last saw him alive on Feb 6, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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 0

23. Signature G. H. Hawkins (M. D. or other)

Address Salisbury Mo. Date signed 2/7/44

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-8-44

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 Chas B Windelmeyer
Licensed Embalmer No. 3842
P. O. Address Salisbury, 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.