. S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27131

Registration District No. 11 Primary Registration District No. 5040 Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: 3 Mi. S. of Exeter (If not in hospital or institution, write street number or location)

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

In this community 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry

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

(d) Street No. 3 Mi. S. of Exeter (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ada May Tillman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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 (Month) 15 (Day) 1909 (Year)

8. AGE: Years 35 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Benton Co. (City, town, or county) Ark. (State or foreign country)

10. Usual occupation housekeeping

11. Industry or business

FATHER
12. Name Jack Tilman
13. Birthplace Benton Co. (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Bertha Roller
15. Birthplace Benton Co. (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Mr. Jack Tilman

(b) Address Rt. 1 Washburn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation Pad Roller Cemetery

18. (a) Signature of funeral director W. D. Road

(b) Address Cassville, Mo.

19. (a) July 29-'44 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24 year 44 hour 8 minute 5A M.

21. I hereby certify that I attended the deceased from 7/24, 1944 to 7/24, 1944 that I last saw her alive on 7/24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Weakness and Congestion of the lungs

Due to Sarcoma of liver

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 2

23. Signature W R McClure (M.D. or other) D.O.

Address Cassville, Mo. Date signed 7/27/44

1077

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 844-962
Date Filed AUG 22 1944

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 C. M. Joiner

Licensed Embalmer No. 3453

P. O. Address Caribou Me

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.