S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34784

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 292

1. PLACE OF DEATH:

(a) County Marion.
(b) City or town Hannibal, ~~Missouri.~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: StElizabeth Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87
(c) City or town Perry, Missouri (Rural. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe County.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME James Underwood Tatlow.
3. (b) If veteran, name war
3. (c) Social Security No. None.
4. Sex 0 Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Julia Tatlow.
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Feb. 16, 1867 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	6	16	hr. min.

9. Birthplace Monroe County, Missouri. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business Farm.
FATHER
12. Name Joseph Tatlow.
13. Birthplace Monroe County, Missouri. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Polly Jane Underwood
15. Birthplace Monroe County, Missouri. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Julia Tatlow
(b) Address Perry, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Lick Creek Cemetery Perry, Mo.
18. (a) Signature of funeral director Clyde Dilley
(b) Address Perry, Missouri
19. (a) 9-18-44 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd. year 1944 hour 4:00 minute A M.
21. I hereby certify that I attended the deceased from June, 1944, to Sept 3rd, 1944 that I last saw him alive on Aug 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardosis arteriosclerosis	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93

Major findings:
Of operations
Of autopsy

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 Hannibal, Mo Dr H or Dr Sty M D (M. D. or other)
Address Hannibal Mo Date signed 9/4/44

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1948

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 Clydell Wiley

Licensed Embalmer No. 3826

P. O. Address Perry Ins

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.