V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16418

Primary Registration District No. 5634

Registrar's No. 592

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (Rural) Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. R. # 5
(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: 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No.: R. R. # 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mary Jane Tilbury

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: Widow

6. (b) Name of husband or wife: Frank G. Tilbury

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

7. Birth date of deceased: Jan. 8, 1871 (Month) (Day) (Year)

8. AGE: Years 74 | Months 4 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: De Kalb County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: Washington Savage
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Roberts
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Earnest Ray
(b) Address: R. R. # 5, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 16, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Calvert Martney
(b) Address: 5025 King Hill Ave., St. Joseph, Mo.

19. (a) 5-16-45 (Date received local registrar) (b) Helen L. Butler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1945 hour 7:10 minute a. M.

21. I hereby certify that I attended the deceased from Oct. 1944 to 5/14 1945 that I last saw her alive on 5/14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Liver
Cholemia Jaundice

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy 552

Duration: 7 yrs

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 ____

23. Signature: A. R. Jamison (M. D. or other)
Address: 734 Felix Date signed: 5/15/45

1877 (Licensed Embalmer's Statement on Reverse Side)

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~~ 5/14/45

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ewa Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.