. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36700

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1269

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 14 E. Hyde Park
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 74 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

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

(d) Street No. 14 E. Hyde Park
(If rural, give location)

(e) Citizen of foreign country? none (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George W. Tiller

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Emma Tiller

6. (c) Age of husband or wife if alive 75 yrs. years

7. Birth date of deceased June 1, 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Boyd Co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Retired

11. Industry or business Retired Laundry

FATHER
12. Name Johnathan Tiller
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Emma Tiller
(b) Address 14 E, Hyde Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Rupp Funeral Home
(b) Address 6054 Pryor St. Joseph Mo.

19. (a) Dec 3-1945 (Date received local registrar) (b) H. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1945 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 21, 1945, to Nov. 29, 1945
that I last saw her alive on Oct. 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Prostate Chr Arteriosclerosis	1 1/2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 51b	—
Major findings: Of operations Carcinoma	
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

23. Signature A. R. Timerman (M. D. or other)
Address 234 Tee Ave Date signed 11/30/45

1428

(Licensed Embalmer's Statement on Reverse Side)

NOV 23 1951

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 Mollie E. Siebenfaden Fox

Licensed Embalmer No. 4235

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.