

FILED JUN 13 1946

Registration District No. 12Primary Registration District No. 22Registrar's No. 68

1. PLACE OF DEATH:

(a) County Holt
 (b) City or town Mound City, Mo.
 (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 25 years. (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Tilla Martha Ruth.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 18th. 1874.
(Month) (Day) (Year)8. AGE: Years 72 Months 3 Days 27 If less than one day _____ hr. _____ min.9. Birthplace Pueblo, Colo. House work.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Miles Carter.13. Birthplace Forbs, Missouri.
(City, town, or county) (State or foreign country)14. Maiden name Letta Ann Barrett.15. Birthplace Forbs, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. P. E. Carter.(b) Address Mound City, Mo.17. (a) Burial (b) Date thereof 5/17/46.
(Burial, cremation, or removal) (Month) (Day) (Year)
Mound City.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director [Signature]
Mound City, Mo.

(b) Address _____

19. (a) May 16-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Holt 44
 (a) State (b) County
Mound City, Mo. /
 (c) City or town (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 No. _____
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour probably about minute 12 P.M.21. I hereby certify that I attended the deceased from viewed the body at 9 A.M. 1946
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Probably Apoplexy or
Due to coronary occlusion.Due to No struggle of bodyOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? L (Specify type of place) (e) Means of injury C23. Signature Gas. Crony (M. D. or other) _____Address Mound City, Mo. Date signed 5-15-1946

PHYSICIAN

Underline the cause to which death should be charged statistically.

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....
Licensed Embalmer No. 1824
P. O. Address Maund City 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, above space should be left blank.