

No. 2
5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1946
Registration District No. **128**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **2000**

Dr. Silsby #. **36693**
State File No. **36693**
Registrar's No. **916**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **Baptist Hospital**
(d) Length of stay: In hospital or institution **2 Days**
In this community **32 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(d) Street No. **520 So. National**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Susy Hord Tatlow**
(b) If veteran, name war **None**
(c) Social Security No. **None**
(d) Sex **Female** (e) Color or race **White**
(f) (a) Single, widowed, married, divorced **Married**
(g) (b) Name of husband or wife **William D. Tatlow**
(h) (c) Age of husband or wife if alive **18 1862**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **16** year **1946** hour **9** minute **20p.** M.
21. I hereby certify that I attended the deceased from Nov. 14, 1946, to Nov. 16, 1946
that I last saw her alive on **Nov 16, 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **84** Months **8** Days **18** If less than one day **hr. min.**

Immediate cause of death **Heart failure** Duration **34 hrs**
Due to **Pulmonary thrombosis** 34 hrs

9. Birthplace **Fulton Missouri**
10. Usual occupation **Housewife**

Other conditions **None**
Major findings: **None**

11. Industry or business
12. Name **Louis Hord**
13. Birthplace **Mississippi**
14. Maiden name **Mary Susie Fant**
15. Birthplace **Kentucky**

PHYSICIAN
Underline the cause to which death should be charged statistically.
11/16

16. (a) Informant **Judge William D. Tatlow**
(b) Address **520 So. National, Spfd. Mo**
17. (a) Burial (b) Date thereof **11/18/46**
(c) Place: burial or cremation **Maple Park**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Herman H. Lohmeyer**
(b) Address **Springfield, Missouri**
19. (a) 11-21-46 (b) **W. G. Handley M.D.**

While at work? (Specify type of place) (2) Means of injury
23. Signature **Holland Bledsoe** (M. D. or other)
Date signed **Nov 18, 1946**

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

30310

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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

Walter E. Hamilton

Licensed Embalmer No..... **3808**.....

P. O. Address..... **Springfield, 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.