

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

State File No. \_\_\_\_\_

FILED AUG 1 1947  
Registration District No. 1937

Primary Registration District No. 4497

Registrar's No. 72

1. PLACE OF DEATH

(a) County Shelby County

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 31 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Clarence, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME Tilla W Eodwin

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Feb-9-1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 5 0 hr. min.

9. Birthplace Pekin, Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Jurgen Wagner

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Jerry Eodwin

(b) Address Clarence, Mo

17. (a) Burial (b) Date thereof 7-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pointed Ice Millions, Berkeley

18. (a) Signature of funeral director Clarence, Mo

(b) Address \_\_\_\_\_

19. (a) 7-10-47 (b) Ruth James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9<sup>th</sup>  
year 1947 hour 14 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to July 9, 1947  
that I last saw her alive on July 9, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Head of pancreas

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: None

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? \_\_\_\_\_

23. Signature D. L. Harlan (M.D. or other) \_\_\_\_\_  
Address Clarence, Mo. Date signed July 9, 1947

Duration 6 wks.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 7:47:952  
Date Filed JUL 30 1941

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.....

*James de Sluis*, Registered Apprentice No. *443*,  
working under my personal supervision.

Signed *Denny A. Bartelme*

Licensed Embalmer No. *3835*

P. O. Address *Stellman, 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.