

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

FILED SEP 2 1947  
Registration District No. 170

Primary Registration District No. 3033A

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Laclede

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

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

(d) Length of stay: In hospital or institution 6 hrs. (Specify whether years, months or days) (Specify whether)

In this community Always

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Laclede 53

(c) City or town Lebanon 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 2178 Clark av. 2  
(If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Genome Tomlinson

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Emma Tomlinson 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb. 22 1876  
(Month) (Day) (Year)

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

71	5	8	hr. min.
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9. Birthplace Laclede Co. mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired lumber

MOTHER, FATHER {

12. Name Charles Tomlinson

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

14. Maiden name Coraelia Pool

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

16. (a) Informant Mr. J. Tomlinson

(b) Address Lebanon mo.

17. (a) Burial (b) Date thereof 8/1/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon mo.

18. (a) Signature of funeral director Palmer

(b) Address Lebanon mo.

19. (a) Aug 16, 1947 (b) Dr. Frank Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30 year 1947 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from July 29 1947 to July 30 1947 that I last saw him alive on July 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure stroke

Due to Coronary thrombosis 15 hrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: g.H.K.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W.C. Carrington M. D. or other W.C.  
Address Lebanon, Mo. Date signed 8/16/47

Received ..... 8/29/47

Laclede County Health Unit

File No. .... 7-47-132

Date Filed ..... 8/30/47

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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..... *S. R. Palmer*

Licensed Embalmer No. .... *2208*

P. O. Address..... *Lebanon 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.**