

FILED JAN 10 1949

Registration District No. 27

Primary Registration District No. 5-290-

Registrar's No. 49

1. PLACE OF DEATH:
 (a) County Clinton
 (b) City or town CONCORD TWP. PARAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Quinn Rest Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 MONTHS
 (Specify whether years, months or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clinton
 (c) City or town Plattsburg
 (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 Arthur William Tisdale
 3. (b) If veteran, name war x
 3. (c) Social Security No. x

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 31
 year 1948 hour 11 minute 58 AM

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive x years _____

21. I hereby certify that I attended the deceased from Nov 6, 1948, to Dec 31, 1948;
 that I last saw him alive on Dec 31, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 3 mo
 Due to Carcinoma right temporal area 6 yrs

8. AGE: Years 89 Months 1 Days 24 If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Albany Missouri (City, town or county) (State or foreign country)

10. Usual occupation retired FARMER

11. Industry or business _____

Major findings: Of operations none
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

12. Name NOT KNOWN

13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Old Age Ass. Office

(b) Address Plattsburg Mo.

17. (a) BURIAL (b) Date thereof 1 2 49 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo.

18. (a) Signature of funeral director D. D. Ryan

(b) Address Plattsburg, Mo.

19. (a) Jan 1 - 1949 (b) Emilee C. Latham (Date received local registrar) (Registrar's signature)

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. B. Spalding (M. D. or other) MD
 Address Plattsburg Mo. Date Jan 1 - 48

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

5
3

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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..... *Daniel D. Lyon*

Licensed Embalmer No. *3640*

P. O. Address..... *Plattsburgh N.Y.*

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.