

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1535

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage 0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION 327 E. Third St.		d. STREET ADDRESS (If rural, give location) 327 E. Third St.	

3. NAME OF DECEASED (Type or Print) a. (First) HOMER b. (Middle) TOMLINSON c. (Last) TOMLINSON			4. DATE OF DEATH (Month) (Day) (Year) Jan 10, 1951		
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	
8. DATE OF BIRTH April 8, 1877		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 9 Days 2 IF UNDER 24 HRS. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired salesman			10b. KIND OF BUSINESS OR INDUSTRY groceries		
11. BIRTHPLACE (State or foreign country) Cleone, Illinois. /				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Zedekiah Tomlinson		13b. MOTHER'S MAIDEN NAME Martha Warner		14. NAME OF HUSBAND OR WIFE Sarah E. Tomlinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS, MO Hazel Tomlinson, 327 E. 3rd, Carthage	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocarditis Chronic			5 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) intestinal.			40 S. 1	
		DUE TO (c) arteriosclerosis			gradual	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 4, 1948, to Jan 10, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 8:26 p. m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood M.D.		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 1-11-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial (1)		24b. DATE Jan 14, 1951		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri	
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DATE REC'D BY LOCAL REG. 1-13-51		REGISTRAR'S SIGNATURE L B Clutter Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

493 /

RECEIVED 1-17-51
Jasper County Health Office

County File Number 51-1-28

Date Filed 1-17-51

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 _____

Thomas C. Rookwood

Student Embalmer No. 383

working under my personal supervision.

Student

Thomas C. Rookwood
Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address

Carthage

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.