

S. No. 2  
 4-8-43  
 5-17-39  
 PI X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 17424  
 Registrar's No. 6-3

FILED MAY 16 1945  
 Registration District No. 187

Primary Registration District No. 3040

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

1. PLACE OF DEATH:  
 (a) County Livingston  
 (b) City or town Chillicothe, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1521 West Clay St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 Months  
 (Specify whether  
 In this community 10 Months  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 520 Admiral Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country No.

3. (a) PRINT FULL NAME Alda A. Tattershall  
 3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 16  
 year 1945 hour 12 minute 9 M.  
 21. I hereby certify that I attended the deceased from Sept. 5, 1944, to April 16, 1945  
 that I last saw her alive on April 16, 1945  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Clarence C. 6. (c) -Age of husband or wife if alive 27 years  
 7. Birth date of deceased June 27 1884  
 (Month) (Day) (Year)

Immediate cause of death Myocarditis Duration 2-7-1944

8. AGE: Years Months Days If less than one day  
60 9 19 hr. min.

Due to Bright Disease  
 Due to

9. Birthplace Purdin, Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: 13/18

11. Industry or business  
 12. Name John W. Garrett  
 13. Birthplace Linn Co. Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Cassity  
 15. Birthplace Linn Co. Mo.  
 (City, town, or county) (State or foreign country)

Of operations  
 Of autopsy  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Harley Tattershall  
 (b) Address 526 Admiral Blvd  
 17. (a) Burial (b) Date thereof Apr. 17, 45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Purdin, Mo.  
 18. (a) Signature of funeral director Ronald P. Gordan  
Chillicothe, Mo.  
 (b) Address  
 19. (a) Apr 17 (b) L. O. Ella Curry  
 (Date received local registrar) (Registrar's signature)

(Specify type of place)  
 While at work? (e) Means of injury 2  
 23. Signature McLanet DO (M. D. or other)  
 Address Chillicothe, Mo. Date signed 4/17/45

RECEIVED  
District Health Officer No. 111  
Date Filed  
District File Number

MAY 19 1966

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 Wayne Rollen  
Licensed Embalmer No. 1164  
P. O. Address Challicothe 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.