

FILED MAR 3 1947

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 804

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lawrence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1330 Penn St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: ARVILLA-A-TILLERY

3. (b) If veteran: no name war. 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John S. Tillery 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased March 6, 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Pale County, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business House wife

12. Name Arvilla A. Tillery

13. Birthplace Pale County, MO.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Coroner's Office

(b) Address T.C. Mo.

17. (a) Removal (b) Date thereof 2-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyria, Mo.

18. (a) Signature of funeral director W. H. Thieser

(b) Address 2512 Main St

19. (a) 2-21-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1330 Penn St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 47 hour 7 minute 50 P.M.

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

Immediate cause of death Coronary insufficiency

Due to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 956

Of autopsy no

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 2

23. Signature Heraldine Holmes (M. D. or other)

Address 1844 N. Main St Date signed 2-20-47

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

MOTHER, FATHER

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, ~~on~~ by _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

P. G. Theisen

Licensed Embalmer No. 2361

P. O. Address 2512 Holmes St

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.