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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 70

FILED FEB 8 1943

Registration District No. 316

Primary Registration District No. 3059

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

1. PLACE OF DEATH:

(a) County. St. Francois
(b) City or town. Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 hours
(Specify whether
In this community 7 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Madison
(c) City or town. Mine LaMotte
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William Ernest Tinnin

3. (b) If veteran, name war 3. (c) Social Security No. 486-16-8726

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. years

7. Birth date of deceased. June 9 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>7</u>	<u>1</u>hr.min.

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

10. Usual occupation. Miner

11. Industry or business. Lead Mines

12. Name. Jake Tinnin

13. Birthplace. Madison County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name. Susie Yount

15. Birthplace. Bollinger County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Henry Umfleet

(b) Address. Mine LaMotte, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof. 1-12-43
(Month) (Day) (Year)

(c) Place: burial or cremation. Mine LaMotte, Mo.

18. (a) Signature of funeral director. Stanley A. Arson

(b) Address. Fredericktown, Mo.

19. (a) Jan. 13, 1943 (b) Byndie Bukhmete
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year. 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to Jan 10 1943; that I last saw him alive on Jan 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Left side intracranial hemorrhage

Due to. Skull fracture

Due to.

Other conditions. Multiple lacerations over face & body
(Include pregnancy within 3 months of death)
Major findings: 1952/15
Of operations:

Of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). Accident O.B.D.

(b) Date of occurrence. Jan 10 1943

(c) Where did injury occur? Mine LaMotte, Madison Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place

While at work? Yes (Specify type of place) (e) Means of injury. Rock

23. Signature. David Taylor (M. D. or other) M.D.
Address. Bonne Terre Mo Date signed 1-16-43

Duration

7 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

1146

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
District File Number 243-1666
Date Filed 2-5-43

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Fredricktown, 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.