

Registration District No. **297**

Primary Registration District No. **3057**

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 403 West Royle St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 403 West Royle St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL BOONE TARWATER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Smith Tarwater 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased March 29, 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 10 If less than one day
hr. min.

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

10. Usual occupation Retired carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Pinkerton Tarwater
13. Birthplace Near Orrick, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Clarisee Lewis
15. Birthplace Orrick, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Pille
(b) Address 403 W. Royle, Richmond, Mo.

17. (a) Burial (b) Date thereof Jan. 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope, Richmond, Mo.

18. (a) Signature of funeral director Thurman Funeral Home
(b) Address 627 E. Main, Richmond, Mo.

19. (a) Jan 12 - 1948 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th
year 1948 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from January 9, 1948
5 to January 9, 1948
that I last saw him alive on January 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to arterio sclerosis

Due to _____

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

Major findings: SP
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 E. C. Ray (M. D. or other) M. D.
Address Gay Bldg, Richmond, Mo. Date signed 1/12/48

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

RECEIVED

District Health Officer No. 8.

District File Number.....

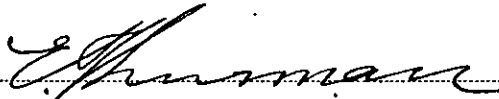
Date Filed 2-11-48

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.....

William L. Thurman....., Registered Apprentice No. 65.....

working under my personal supervision.

Signed.....


Licensed Embalmer No. 2073.....

P. O. Address Richmond, 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.