

FILED NOV 18 1947

Registration District No. 206 Primary Registration District No. 3042 Registrar's No.

1. PLACE OF DEATH

(a) County Madison

(b) City or town Fredericktown  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
514 E. MARVIN  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 22 years

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison <sup>62</sup>

(c) City or town Fredericktown <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 514 E. MARVIN <sup>1</sup>  
(If rural, give location) <sup>0</sup>

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ruth Idell TALLENT

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month October day 22<sup>nd</sup> year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 21, 1947, to Oct 22, 1947, that I last saw her alive on Oct 22, 1947, 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 widowed

6. (b) Name of husband or wife Jesse W. TALLENT

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 13, 1869  
(Month) (Day) (Year)

Immediate cause of death Myocardial degeneration <sup>2 wks.</sup>

8. AGE: Years Months Days If less than one day

77 11 9 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Samuel Shek

13. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name LUCRETIA TINNIN

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

16. (a) Informant Mrs. Ray Burcham

(b) Address Fredericktown, Mo.

17. (a) BURIAL (b) Date thereof 10/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Sam Sajim, Jr.

(b) Address Fredericktown, Mo.

19. (a) 11-3-1947 (b) Herence Pikes  
(Date received local registrar) (Registrar's signature)

Major findings:  
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 C. W. DeLaney (M. D. or other) DO.

Address Fredericktown Mo. Date signed 10-23-47

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

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FIVED

District Health Officer No. 4  
District File Number 1147-1436  
Date Filed 11-17-47

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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 Sam Sajim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.**