

Registration District No. **181st July**

Primary Registration District No. **5009**

Registrar's No. **144**

**1. PLACE OF DEATH:**  
 (a) County Adair  
 (b) City or town Rural - Walnut Grove  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
(Specify whether  
 In this community 2  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Adair  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Northwest of South Gifford  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

**3. (a) PRINT FULL NAME** AMANDA TUTTLE  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month May day 27  
 year 1940 hour 3 minute 30 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife George W. Tuttle 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct 23 - 1856  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** Oct 26, 1939, to May 27, 1940,  
 that I last saw her alive on May 26, 1940,  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 83 Months 7 Days 4  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Decompensated Chronic myocarditis Duration \_\_\_\_\_

9. Birthplace Adair County Mo.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to A3C  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housewife

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name John Hodges  
 13. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Suzanne Craft  
 15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Allen Tuttle  
 (b) Address Yarrow, Mo. R.R.

**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? \_\_\_\_\_

17. (a) Burial (b) Date thereof May 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mount Carmel

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director W. H. McCallum  
 (b) Address South Gifford, Mo.  
 19. (a) June 12/40 (b) Spencer Freeman  
(Date received local registrar) (Registrar's signature)

23. Signature E. H. Buckley (M. D. or other) 1  
 Address La Plata Mo. Date signed 6-7-40

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

RECEIVED

District Health Officer No. 10.

District File Number 7-48-1454

Date Filed JUL 15 1940

**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

*W. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Efford

**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, above space should be left blank.