

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 16 1940  
Registration District No. 3

Primary Registration District No. 4010

State File No. \_\_\_\_\_

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Andrew  
 (b) City or town Savannah  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 50 yrs  
years, months or days

3. (a) PRINT FULL NAME James Calvin Tulloch 420.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Marion Francis Yoder 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 12 8 1855  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	8	14	hr. _____ min.

9. Birthplace Maryville Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer common

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James F. Tulloch

13. Birthplace Maryville Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Best

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

16. (a) Informant's own signature Geo. Selezman  
 (b) Address Savannah Mo.

17. (a) Burial (b) Date thereof 8 25 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit 934  
 (b) Address Savannah Mo.

19. (a) Aug. 24 - 40 (b) Mrs. Jennie Rash  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
 (c) City or town Savannah Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22  
 year 1940 hour 8 minute 45 p. m.

21. I hereby certify that I attended the deceased from Aug 22nd, 1940 to Aug 22, 1940  
 that I last saw him alive on Aug 22, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insufficiency

Due to Acute Indigestion

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations None  
 Of autopsy None

Duration \_\_\_\_\_  
 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 J. Hoshov (M. D. or other) \_\_\_\_\_  
 Address Savannah Mo Date signed Feb 20

RECEIVED

District Health Officer No. 11,

District File Number

940-1358

Date Filed

SEP 11 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 E. C. Breit.....

Licensed Embalmer No. 2650.....

P. O. Address Savannah Ga.....

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.