

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5802**

FILED MAR 14 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **574**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Mo.**
(c) Name of hospital or institution: **920 Forest**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **George S. Tugg**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **486-03-170**

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **9**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb 2** (Month) **unkn** (Day) **unkn** (Year)

8. AGE: Years **aprox 57** Months **x** Days **x** If less than one day hr. _____ min. _____

9. Birthplace **Finland** (City, town, or county) **4** (State or foreign country)

10. Usual occupation **Decorator**

11. Industry or business **Forest Hotel**

MOTHER FATHER { 12. Name **unkn** 9
13. Birthplace **unkn** (City, town, or county) (State or foreign country)
14. Maiden name **unkn**
15. Birthplace **unkn** (City, town, or county) (State or foreign country)

16. (a) Informant **J. H. Conger**

(b) Address **920 Forest**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-11-41** (Month) (Day) (Year)

(c) Place: burial or cremation **Greenland An**

18. (a) Signature of funeral director **H. V. ...**

(b) Address **Mo. ...**

19. (a) **2/9/41** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Mo. AE** (If outside city or town limits, write "RURAL")
(d) Street No. **920 Forest** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** ; **30** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **7**
41 year hour **11** minute **45 A** M.

21. I hereby certify that **Chronic** attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic hypertensive myocarditis**

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **negative**

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 **3**

23. Signature **Chapch** (M. D. or other) **2/7/41**
Address **Forest** Date signed _____

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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.....

Francis Walter

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

J. A. Reiman

Licensed Embalmer No. *2744*

P. O. Address *H. E. New*

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.