

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. M.E. Hospital 13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 4 days
(Specify whether years, months or days) 8 days 4 days

3. (a) PRINT FULL NAME

John Tuttle

(b) If veteran, name war no

(c) Social Security No. no

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased 9

(Month)

10

(Day)

1846

(Year)

8. AGE:

Years

Months

Days

If less than one day

94

4

28

hr.

min.

9. Birthplace

Ind

Ind

(City, town, or county)

(State or foreign country)

10. Usual occupation

Cemetery Sexton

11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(State or foreign country)

16. (a) Informant's own signature

John Duncan

(b) Address

Fillmore Mo

17. (a) Burial, cremation, or removal

Burial

(b) Date thereof

2 10 - 1941

(c) Place: burial or cremation

Fillmore, Mo.

18. (a) Signature of funeral director

C. B. Brut

(b) Address

of average, Mo.

19. (a) 2/10/41

(Date received local registrar)

(b) H. J. Neelbush

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Fillmore
(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 2 day 8
year 1941 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 1-12-41
1941, to 2-8 1941;
that I last saw h.l.m. alive on 2-7 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Prostate

Due to

518

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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) _____ (Means of injury)

23. Signature James C. [unclear] (M. D. or other) MD
Address Savannah Mo Date signed 2/9/41

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.

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 Swanton 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, above space should be left blank.