

REG. MAR 19 1941

Primary Registration District No. 5633

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Lawrence  
(b) (City or town) Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 56  
(Specify whether  
In this community 56  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
(c) City or town Osage Beach  
(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. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th  
year 1941 hour 1:00 minute P M.  
21. I hereby certify that I attended the deceased from Nov. 25th  
1940 to F b. 8 19 41

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Advanced Pulmonary Tuberculosis

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

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

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
4

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

23. Signature Samuel Warren (M. D. or other) Dr.

Address Mount Vernon, Mo. Date signed 2-8-41

8. (a) PRINT FULL NAME Dan Tannehill

8. (b) If veteran, No name war \_\_\_\_\_ 3. (c) Social Security No. None known

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased November 4th 1916  
(Month) (Day) (Year)

8. AGE: Years 24 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Braggs Okla  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Any

12. Name Claude Tannehill

13. Birthplace Unknown Beach Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Gahan

15. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof 2-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Banksen-Woolery

(b) Address Camdenton, Mo.

19. (a) 2-9-1941 (b) P.A. HOLMES  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration  
Physician  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 341-372

Date Filed MAR 5 1941

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**