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13-40
7-39
X2315

APR 9 1941
Registration District No. 1159

Primary Registration District No. 5349

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural, Iron
(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 _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 47

(a) State Missouri (b) County Iron 0

(c) City or town Rural 0
(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.? 0 years.

3. (a) PRINT FULL NAME John H. Tullock

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1941 hour 9 minute 50 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Letha Tullock

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

7. Birth date of deceased Dec. 5, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 23, 1941 to March 17, 1941
that I last saw him alive on February 8, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Carcinoma at heat of pancreas Duration 6 mos.

9. Birthplace Washington Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Due to _____

Due to _____

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Tullock

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Smith

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Other conditions 4 1/2 g
(Include pregnancy within 3 months of death)

16. (a) Informant Mrs. Letha Tullock

(b) Address Caledonia Mo.

17. (a) burial (b) Date thereof 3/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belgrade Mo.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Norman White & Sons

(b) Address As. White Ironton Mo.

19. (a) April 7, 1941 (b) Mar. J. Townsend
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Judge G. G. ... (M. D. or other M. D.)
Address Ironton, Mo. Date signed 3-20-41

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.....

was not embalmed....., 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, fact should be so stated above.