

Registration District No. **836**

Primary Registration District No. **45-87**

Registrar's No. **43**

1. PLACE OF DEATH:
(a) County: **Stoddard**
(b) City or town: **Bernie**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home**
(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:
(a) State: **Mo.** (b) County: **Stoddard**
(c) City or town: **Bernie**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME **Joseph Tuttle**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **27**
year **1941** hour **02** minute **30** A.M.

4. Sex **M.** **5. Color or race** **w** **6. (a) Single, widowed, married,** divorced **married**
6. (b) Name of husband or wife: **Emma Tuttle** **6. (c) Age of husband or wife if** alive **76** years
7. Birth date of deceased: **Aug - 31 - 1861**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 26** 19**41**, to **Aug 27** 19**41**
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **11** Days **27** If less than one day
hr. _____ min. _____

Immediate cause of death **Cerebral Hemorrhage - 1 day**
Due to **arterial sclerosis**

9. Birthplace: **Ill.** (City, town, or county) _____ (State or foreign country) **1**

Due to **83A**
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation: **Farmer**

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business: **Farm**
12. Name: **A. Tuttle**
13. Birthplace: **unknown** (City, town, or county) _____ (State or foreign country) **8**
14. Maiden name: _____
15. Birthplace: _____ (City, town, or county) _____ (State or foreign country) **14**

16. (a) Informant: **Lester Tuttle**

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?

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) **Bernie**

18. (a) Signature of funeral director: **Landess & Son**
(b) Address: **Campbell, Mo.**

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature: **Pruden Cackton** (Registrar's signature)
Address: **Madison** Date signed: **Aug 27/41**

19. (a) Sept 8/1941 (b) **Laura Hopkins**
(Date received local registrar) (Registrar's signature)

893 (Licensed Embalmer's Statement on Reverse Side)

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

X26390
23
1
0

RECEIVED

District Health Office No. 2,

File Number 941-1259

Filed 9/9/46

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 *Christina M. Lundess*

Licensed Embalmer No. 4227

P. O. Address *Campbell, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29565

Registration District No. 836

Primary Registration District No. 4507

Registrar's No. _____

1. PLACE OF DEATH: Stoddard
 (a) County _____
 (b) City or town Bernie
 (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:
 (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph Tuttle
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug Day 10
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____
 that I saw him _____ die on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)
 8. AGE: Years 79 Months 11 Days _____ If less than one day _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____
 MOTHER FATHER { 12. Name _____
 { 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 16. (a) Informant _____
 (b) Address _____
 17. (a) Burial (b) Date thereof Aug 29-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bernie Cem.
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) Sept 3, 1941 (b) Laura Hopkins
 (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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature _____ (M. D. or other)
 Address _____ Date signed _____

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

SUPPLEMENTARY

UNITED STATES DEPARTMENT OF THE INTERIOR

General Land Office
Washington, D. C.

Be it remembered that on this day of _____ 19__
at _____ in the County of _____ State of _____
_____ of the County of _____ State of _____
do hereby certify that _____
_____ of the County of _____ State of _____
is the owner of the following described land to-wit:
