

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1230

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:
408 N 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph //
(If outside city or town limits, write "RURAL")
(d) Street No. 408 N 6th //
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank J. Tutie

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Matilda S. Tutie 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Sept 19 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 8 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Groceryman

11. Industry or business Grocery Store 406 N 6th

12. Name Frank Tutie

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

14. Maiden name Unknown, 9

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

16. (a) Informant Mrs. Frank J. Tutie
(b) Address 408 No. 6th. Street,

17. (a) Burial (b) Date thereof 12/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Sharon B. Hale & Brennan While at work? _____ (Specify type of place)
(b) Address St. Joseph, Mo. (c) Means of injury _____

19. (a) Dec. 30, 1941 (b) J. D. Neel
(Date received local registrar) (Registrar's signature) J. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1941 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 27th 1941 to Dec 27th 1941
that I last saw him alive on Dec 27 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Indigestion Duration _____

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? _____

23. Signature Charles L. ... (M. D. or other) MD
Address Magalloway 29 St. Date signed 12-27-41

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

MOTHER FATHER

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 12-27-4

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm B. Summerfield

Licensed Embalmer No. 5907

P. O. Address 3190 10th Street NW

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.