V. S. No. 2
0M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15252

State File No.

FILED MAY 9 1942

Registration District No. 898

Primary Registration District No. 5924

Registrar's No. 14

83
0
0

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

1. PLACE OF DEATH:

(a) County PLATTE

(b) City or town CARROLL TWP. RURAL
(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 46 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PLATTE 83

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HERMAN GUSTIN TUCHOLL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CLEDA ANN "FOX" TUCHOLL

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased APRIL (Month) 10 (Day) 1867 (Year)

8. AGE: Years 75 Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name WILLIAM TUCHOLL
13. Birthplace (City, town, or county) POLAND (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) POLAND (State or foreign country)

16. (a) Informant MRS. HERMAN TUCHOLL

(b) Address SMITHVILLE, MO. R.F.D.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-20-'42 (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director McComas Funeral Home

(b) Address Smithville, Mo.

19. (a) 4-20-42 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from April 18, 1942, to April 18, 1942, that I last saw him alive on April 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

83a'

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr R. E. Scott (M. D. or other) DO

Address Smithville Mo. Date signed 9/22/42

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 5-42-43

Date Filed 5-7-42

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. Benjamin Pat

Licensed Embalmer No. 4059

P. O. Address Platte City, 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, fact should be so stated above.