S. No. 2
—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39397

Registration District No. FILED DEC 29 1942 318

Primary Registration District No. 1003

Registrar's No. 10572

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2221 RANDALPH ST / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County FAYETTE

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

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

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

If yes, name country

3. (a) PRINT FULL NAME CALLIE TATUM

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race C

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

6. (b) Name of husband or wife JAMES TATUM

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased JUNE (Month) 14 (Day) 1863 (Year)

8. AGE: Years 79 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name ADAM ANDERSON

FATHER 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name UNKNOWN

MOTHER 15. Birthplace UNKNOWN (City, town, or country) (State or foreign country)

16. (a) Informant Jerry Rhodes

(b) Address 1422 a N Harrison

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

(c) Place: burial or cremation Whitesville Tenn

18. (a) Signature of funeral director A. F. Buddie Walton

(b) Address 2707 Stoddard St

19. (a) DEC 18 1942 (Date received local registrar) (b) J. F. Berlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 42 hour minute 5 A. M.

21. I hereby certify that I attended the deceased from 12-11 1942 to 12-14 1942 that I last saw him alive on 12-14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Failure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. W. Wilkerson (M. D. or other)

Address 3200 a Franklin Date signed 12-14-42

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649a Delmar.

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.