

7. S. No. 2
M-9-4-41
7. 5-17-39
PI X29484

18308

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 12 1943

Registration District No. 7498

Primary Registration District No. 7201 4299

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Bucklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Linn
(c) City or town Bucklin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES. Jth TUTTLE

3. (b) If veteran, name war - 3. (c) Social Security No. 493-18-0840

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. 8 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name MANION Tuttle
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Tuttle
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Tuttle

(b) Address Bucklin mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Messiah Cem.

18. (a) Signature of funeral director Person Funeral Service

(b) Address Bucklin mo

19. (a) 5/29/43 (Date received local registrar) (b) Wayne W Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29,
0 year 1943 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from Did not attend, 19____,
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Probably heart failure
Due to found dead in bed

Due to _____
Other conditions 2002
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature Wayne W Cowan (Seal of Registrar)
Address Bucklin mo Date signed 5/29/43

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

58
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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.....

Licensed Embalmer No. 4037

P. O. Address Barklin, 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.

EX 192E