

S. No. 2  
4-8-43  
5-17-39  
P1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 23 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1827  
State File No. ....  
Registrar's No. 415

Registration District No. 72 Primary Registration District No. 5142

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Rural Neelyville  
(c) Name of hospital or institution: Neelyville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler  
(c) City or town Neelyville  
(d) Street No. Rural  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ace Tune  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 25 day Dec year 1944 hour about 3 minute a M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 4 1921  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 23 Months 10 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Hemorrhage of Brain

9. Birthplace Butler County Mo  
(City, town, or county) (State or foreign country)

Due to Gun shot wound in forehead  
Due to Lead bullet from 22 rifle

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Thomas Ace Tune  
13. Birthplace Butler County Mo  
14. Maiden name Annie Robinson  
15. Birthplace Butler County Mo

Major findings: Of operations 164  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Hughes W. Tune  
(b) Address Neelyville Mo  
17. (a) Burial (b) Date thereof Dec 27-44  
(c) Place: burial or cremation Mt Zion

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence Dec 25-1944  
(c) Where did injury occur? Butler Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home on farm

18. (a) Signature of funeral director Frank Cottrell  
(b) Address Poplar Bluff Mo  
19. (a) 12-28-44 (b) Belle Turner  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Rifle shot  
23. Signature Hughes W. Tune  
Address Poplar Bluff Mo Date signed 12/25-44

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 145-56

Date Filed 1-16-45

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 Charles W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.