

State File No.

FILED SEP 20 1945
Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Name
(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 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")

(d) Street No. 413 1/2 Sargent
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS ORA ROBINSON TUMELTY

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1945 hour 10 minute 30 p M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph Tumelty 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 8/20 1872
(Month) (Day) (Year)

Immediate cause of death Baron's
Thrombosis heart

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 73 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Bowling Green Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation None

11. Industry or business None

12. Name Henry Robinson

13. Birthplace Mansfield Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ellie Bass

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Baron's

(b) Date of occurrence Aug 26 1945

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? no (Specify type of place)

(e) Means of injury Baron's

16. (a) Informant John Tumelty

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 8/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reverview-Pike Co Mo

18. (a) Signature of funeral director J. H. Haly

(b) Address Louisiana Mo

19. (a) 8/27-45 (b) J. H. Haly
(Date received local registrar) (Registrar's signature)

23. Signature S. A. Updell 3 Baron's
(Date) (Time) (Place)

Address Louisiana Mo Date signed 8/27/45

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

82
2
1

RECEIVED

District Health Officer No. 10

District File Number 9-45-1424

Date Filed SEP 17 1945

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.....

George O. Stagner

Registered Apprentice No.

working under my personal supervision.

Signed *George O. Stagner*

Licensed Embalmer No. 3973

P. O. Address Louisiana, 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.