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S. No. 2
M—2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 20 1946

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 25

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. Crossing 3 Mi. E. of Atherton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 28 Years 17 yrs. 11 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2½ Mi. No. E. of Atherton 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM D. VAN TUYL
3. (b) If veteran, name war
3. (c) Social Security No. 486-26-2156
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucie Lucille E. Van Tuyl
6. (c) Age of husband or wife if alive 566 years
7. Birth date of deceased May 31, (Month) 1887 (Day) (Year)

8. AGE: Years 58 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace West Liberty, (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Agriculture
12. Name William ~~No Data~~ Van Tuyl
13. Birthplace No Data Middleton Ohio
Hanna Elizabeth Worden (City, town, or county) (State or foreign country)
14. Maiden name No Data
15. Birthplace No Data 9
(City, town, or county) (State or foreign country)
16. Informant Mrs. Lucille E. Van Tuyl
(b) Address Atherton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R Speaks
(b) Address Independence, Missouri
19. (a) 1-25-46 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23, year 1946 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Shock
Due to Skull Fracture
Due to Trauma - Railroad
Other conditions (Include pregnancy within 3 months of death) (Car & Train)
Major findings:
Of operations 70c-0
Of autopsy Inspection & History

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) Accident 48
(b) Date of occurrence Jan. 23 1946
(c) Where did injury occur? (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (e) Means of injury Trauma
23. Signature A. E. Usher (M. D. or other) MD
Address 2800 Main Date signed 1/28/46
K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1946

APR 3 1946

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. Roland R Speaker

Licensed Embalmer No. 3604

P. O. Address. Indep. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 25

On this 25th day of March, 1946, before me appears Wendell Van Tuyl, who, upon his oath, states that the original record of ~~XXXX~~ death for WILLIAM D. VAN TUYL, died ~~XXX~~ January 23rd, 1946, in the State of Missouri, and which was filed at Independence on January 25 1946, should be corrected as follows:

Item No. 1-d should read In this community. 17 Years 11 Months
Instead of 28 Years

Item No. 3 (c) should read 486-26-2156
Instead of

Item No. 6 (b) should read Lucie E. Van Tuyl
Instead of Lucille E. Van Tuyl

Item No. 6 (c) should read 56
Instead of

Item No. 12 should read William Van Tuyk
Instead of No Data

Item No. 13 should read Middleton, Ohio
Instead of No Data

Item No. 14 should read Hanna Elizabeth Worden
Instead of No Data

Item No. 16 (a) should read Mrs. Lucie E. Van Tuyl
Instead of Mrs. Lucille E. Van Tuyl

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wendell Van Tuyl Son
Relationship.

Rt. #1 Independence, Missouri
Present Address.

Subscribed and sworn to before me this 25 day of March, 1946.

My Commission expires January 25, 1948 Clayton J. Wolfe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M1—4-43
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