

S. No. 2
 8-43
 5-17-39
 PI X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **12156**
 Registrar's No. **258**

FILED MAY 10 1946

Registration District No. **20**

Primary Registration District No. **4031**

1. PLACE OF DEATH:
 (a) County **Bates**
 (b) City or town **Adrian**
 (c) Name of hospital or institution: **/**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **65 years**
 In this community **65 years**
 years, months or days

3. (a) PRINT FULL NAME **Edward Ruben Tuttle**
 3. (b) If veteran, name war **X**
 3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Annie Tuttle**
 6. (c) Age of husband or wife if alive **81** years
 7. Birth date of deceased **January 17 1863**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	2	28	hr. min.

9. Birthplace **Green Co. Illinois**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Retired Barber**

11. Industry or business
 12. Name **Jim Tuttle**
 13. Birthplace **Not Known**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Jane Green**
 15. Birthplace **Not Known**
 (City, town, or county) (State or foreign country)

16. (a) Informant **J.S. Tuttle**
 (b) Address **Greenwood Mo.**
 17. (a) **Burial** (b) Date thereof **4-17-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Crescent Hill Cem.**

18. (a) Signature of funeral director **Lenath & Son**
 (b) Address **Adrian Mo.**
 19. (a) **4-18-46** (b) **Myra Owens**
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**
 year **1946** hour **4** minute **A** M.
 21. I hereby certify that I attended the deceased from **Dec 17**, 1942, to **Apr. 14**, 1946.
 that I last saw him alive on **April 14**, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **Hypertension**
 Due to **Smoking**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9/46**
 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?

(Specify type of place) (e) Means of injury **I**
 23. Signature **D.P. Colson** (M. D. or other) **MD**
 Address **Adrian Mo.** Date signed **4-18-46**

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

MOTHER, FATHER

RECORDED

District Health Officer No. 7,

District Number 4-46-425

Date Filed 5-9-46

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 and

Fred J. Lenath 3543, Registered Apprentice No. _____,
working under my personal supervision.

Signed LeSif

Licensed Embalmer No. 3650

P. O. Address Adrian 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.