

FILED NOV 27 1946

Registration District No. 169

Primary Registration District No. 5614

Registrar's No. 70

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

1. PLACE OF DEATH: Knox
 (a) County Rural Bourbon
 (b) City or town Rural Bourbon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2 1/2 Miles S.W. of Pleona
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether)
 In this community 10 years
years, months or days

3. (a) PRINT FULL NAME CHARLES M. TULK

3. (b) If veteran, name war NO 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie May Tulk 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec 30 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>8</u>	hr. min.

9. Birthplace Scotland County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Albert Tulk

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

14. Maiden name Sarah Jane Tulk

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Bessie May Tulk

(b) Address Leonard MO

17. (a) Burial (b) Date thereof Nov 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cemetery

18. (a) Signature of funeral director Beagin & Walker
(b) Address Knox City MO

19. (a) Nov 9-46 (b) Spelli S. Nusselt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Knox
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 miles S.W. of Pleona
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1946, to Nov 8 1946
that I last saw him alive on Nov 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Uremic Poisoning Duration 3 mo

Due to Prostatitis & Chronic Nephritis

Due to _____

Other conditions Myocarditis and Arteritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 131

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) Means of injury _____

23. Signature Waldo B. [unclear]
Address Knox City MO Date signed 11/9/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 14 1948

RECEIVED
District Health Officer No. 10
District File Number 11-46-2169
Date Filed NOV 26 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 Kreed Wolter
Licensed Embalmer No. 684
P. O. Address Prox City 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.