

FILED JUL 10 1947

Registration District No. 350

Primary Registration District No. 6204

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

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town RURAL DATE

(c) Name of hospital or institution: B

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107

(a) State MISSOURI (b) County TEXAS

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM RICHARD TENNYSON

3. (b) If veteran, name war _____

3. (c) Social Security No. 514-01-5152

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3 year 1947 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from NEVER ATTENDED 19 to FOUND DEAD IN HIGHWAY 19

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

4. Sex MALE Color or race W

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

6. (b) Name of husband or wife UNKNOWN

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: JULY 18 1890 (Month) (Day) (Year)

Immediate cause of death SUPPOSED HIT RUN. BY TRUCK ON ROAD

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>15</u>	hr. _____ min. _____

Due to _____

Other conditions none (Include pregnancy within 3 months of death)

9. Birthplace TEXAS CO. MO (City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business _____

12. Name JOHN TENNYSON

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

14. Maiden name SARAH MUNGER

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

16. (a) Informant ISAIAH MUNGER

(b) Address CABOOK MO

17. (a) BURIAL (b) Date thereof 6-7-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MUNGER

(c) Signature of funeral director Gaylord V. Elliott

(b) Address HOUSTON MO

19. (a) June 26 1947 (b) Mrs C E Murfin (Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy NO

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

(b) Date of occurrence June 3-47

(c) Where did injury occur Highway (City or town) (County) (State)

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

While at work? going along road means of injury _____

23. Signature W. H. [unclear] (M. D. or other) _____

Address HOUSTON, MO Date signed 6-7-47

RECEIVED

District Officer No. 5

District 747365

Date Filed 7-8-47

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.