N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6168
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph,
(d) Street No. St. Josephs Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001
Registered No. 244

2. PRINT FULL NAME Charles A Tulen 450
(a) Residence, No. 215 East Louis Street St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: "
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18. 1854
7. AGE: YEARS 83 | MONTHS 2 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Track Greaser
9. Industry or business in which work was done, as saw mill, bank, etc. St. Jos Ry H & P Co
10. Date deceased last worked at this occupation (month and year) Jan 1928
11. Total time (years) spent in this occupation 35 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Sweden 7

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9 Unknown 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. John Lanstrom Omaha, Nebraska
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memo Park DATE Febr 26 1938
19. FUNERAL DIRECTOR (ADDRESS) H O Sidenfaden & Son 1802 Union Str St. Joseph,
20. FILED 2/25 1938 H J Nottebuck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Feb 24, 1938
I last saw him alive on Feb 24, 1938. Death is said to have occurred on the date stated above, at 5/10 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	Feb 20-38
95 B 2 -	

Other contributory causes of importance:

Heart disease arteriosclerotic	Months
Myocardial Insuf. Cong. type	"
Auricular Fibrillation	?
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) L. H. Tuson, M. D.
(Address) St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Elbert F. Harrington, Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

------ L. E. ---- ----

No. ---- or by ----- , Registered Apprentice No. ----

working under my personal supervision.

Signed Elbert F. Harrington

Licensed Embalmer No. 3258

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)