

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.

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

10661  
Do not use this space.

DESD APR 15 1939

PLACE OF DEATH

(a) County Dekalb Registration District No. 259  
(b) Township Garden Primary Registration District No. 7158  
(c) City Maysville (d) Street No. \_\_\_\_\_  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Tunks  
(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virda Tunks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 6 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morrow County Ohio

FATHER 13. NAME Geo. W. Tunks 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Silas Beasley 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Virda Tunks Maysville Mo.

18. BURIAL, CREMATION, OR REMOVAL Butler Cem. DATE 3/5-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) U. G. Pilcher Maysville Missouri

20. FILED 3-10 1939 Edith H. Boman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 -39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-23 1939, to 3-3 1939. I last saw him alive on 3-3 1939. Death is said to have occurred on the date stated above, at 10:00 AM.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis (occluding)  
Generalized arteriosclerosis  
with hypertension  
Cardiac cathartema  
Senility  
Chronic hypertrophic arthritis

Date of onset 3-3-39  
Undet. 2-22-39  
undet  
undet

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) John M. Cooper, M. D.  
Maysville, Mo. (Address)

RECEIVED

District Health Officer No. 111

District File Number 39-275

Date Filed APR 18 1939

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 *C. P. Richer*  
Licensed Embalmer No. *3960*  
P. O. Address *Mayfield, 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, above space should be left blank.