

REC'D MAY 10 1939

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

15028
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 383
(b) Township Chapel Primary Registration District No. 55-38 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 6 yrs. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAY CALVIN TUSING

(a) Residence, No. West Plains, Mo. Route 2 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Edith Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April 6, 1939
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottumwa, Iowa.

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

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

17. INFORMANT (ADDRESS) Mrs. Catherine Walsh R.R. #3 Shawnee, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Twp. DATE Apr. 10, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hal Thornburgh West Plains, Mo.

20. FILE NO. 5-4 1939 W. W. W. W. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2: p. m.
The principal cause of death and related causes of importance were as follows:
Natural Causes.
(apparently Cerebral hemorrhage.)

Other contributory causes of importance: g. h. l.
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Mayme C. Thornburgh M.D.
343 (Address) West Plains, Mo. Coroner.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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,

Hal Thornburgh

or by

Registered Apprentice No., working under my personal supervision.

Signed

Hal Thornburgh

Licensed Embalmer No.

3408

P. O. Address

West Plains, 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.