

JUN 16 1940

State File No.

Registration District No. 3189

Primary Registration District No. 2001

Registrar's No.

435

1. PLACE OF DEATH:

(a) County Springfield Mo.
(b) City or town Springfield Mo.
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 day. (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Harry Tuttle 340

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

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

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

7. Birth date of deceased: unknown
(Month) (Day) (Year)

8. AGE: Years 13 1/2 (About) Months unknown Days unknown If less than one day chr. min.

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

10. Usual occupation Businessman MO

11. Industry or business Truck Driver

12. Name Pete Tuttle

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

14. Maiden name unknown

16. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Tuttle

(b) Address Sumnerville Mo

17. (a) Removal (b) Date thereof May 11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sumnerville Mo

18. (a) Signature of funeral director W. E. Hurdley

(b) Address Sumnerville Mo
19. (a) 5-11-40 (b) W. E. Hurdley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Texas
(c) City or town Sumnerville Mo
(If outside city or town limits write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1940 hour 8:00 minute _____ M.

21. I hereby certify that I attended the deceased from April 4th 1940 to April 11 1940;
that I last saw him alive on April 10th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary infarction due to pulmonary thrombus secondary to ruptured duodenal ulcer
Due to _____
Due to _____

Other conditions: Ruptured duodenal ulcer
(Include pregnancy within 3 months of death)

Major findings: Ruptured duodenal ulcer with peritonitis
Of operations _____
Of autopsy _____

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? ORU
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. B. Terrell (M. D. or other) 1
Address Springfield MO Date signed 5/13/40

Duration _____
Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X