

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26057

Registration District No. 930

Primary Registration District No. 5962

Registrar's No.

1. PLACE OF DEATH:

- (a) County Ralls
(b) City or town Rural Saline Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

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

- (d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 years years, months or days)

3. (a) PRINT
FULL NAMEWm. M. Tully

3. (b) If veteran,

name war no

3. (c) Social Security

No. no4. Sex male5. Color or
race white6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife

Mary Dacia

6. (c) Age of husband or wife if

alive ✓ years

7. Birth date of deceased

Feb.141851

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

8954

hr.

min.

9. Birthplace

Maion Co

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name

Joshua Tully

13. Birthplace

Dunkland

(City, town, or county)

D. Ft.

(State or foreign country)

14. Maiden name

Mildred Pama

15. Birthplace

Maion County

(City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant's own signature

Mrs. Berta Wright

(b) Address

Mouser City, Mo17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

July 20, 1940

(Month) (Day) (Year)

(c) Place: burial or cremation

Shakespeare Cemetery

18. (a) Signature of funeral director

William J. Son

(b) Address

Union City, Mo19. (a) July 22

(Date received local registrar)

(b)

J. E. Floyd

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri(b) County Ralls(c) City or town Rural

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

(d) Street No. Saline Township

(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 18year 1940

hour _____

minute _____

A. M.

21. I hereby certify that I attended the deceased from _____

No medical attention to _____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Natural Causes.

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____

651

(Specify type of place)

(e) Means of injury _____

23. Signature

Clyde C. Wickey, CoronerAddress Perry, Mo.Date signed 7/21/40

(Licensed Embalmer's Statement on Reverse Side)

Ralls Co.

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

I X1951

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.

RECEIVED

District Health Officer No. 10

District File Number 8-40-1546

Date Filed AUG 8 1940

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

Leslie L. Wilson

Licensed Embalmer No.

3014

P. O. Address

Memor City 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.