S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38757

Registration District No. 320 Primary Registration District No. 5443 Registrar's No.

1. PLACE OF DEATH:

(a) County Greene (Martin Twp)

(b) City or town Bois Darc. Mo R1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural 3rd Center Township (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Bois Darc R1 (If outside city or town limits, write "RURAL")

(d) Street No. Rural 3rd Center Township Greene Mo (If rural, give location)

(e) If foreign born, how long in U. S. A.? Yes years. 0

3. (a) PRINT FULL NAME Francis Marion Tatum

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary G. Buckner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 11 (Day) 1866 (Year)

8. AGE: Years 74 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Greene County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farming

FATHER 12. Name John N. Tatum

FATHER 13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER 14. Maiden name Melvina Robinson

MOTHER 15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary G. Tatum

(b) Address Bois Darc Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Clear Creek Cemetery

18. (a) Signature of funeral director Jesse Bonn

(b) Address Walnut Grove Mo

19. (a) 12/4/40 (Date received local registrar) (b) Lucy E. Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1940 hour 4 minute 20a M.

21. I hereby certify that I attended the deceased from 6-5- 1939 to 12-4- 1940 that I last saw him alive on 12-3- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure — Duration

Due to Intestinal Nephritis 3 mo

Due to

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations None

Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work (e) Means of injury

23. Signature B F Wine M.D. (M. D. or other)

Address Bois D'Arc Date signed 12/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 J H Birch

Licensed Embalmer No. 3856

P. O. Address Oak Grove 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.