

FD JAN 25 1941

Registration District No.

253

Primary Registration District No.

5354

Registrar's No.

1. PLACE OF DEATH:

Daviess
(a) County
(b) City or town "Rural" Harrison Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 Miles S.E. Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community Life
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town "Rural" Harrison Township
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles S.E. Gallatin, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1940 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 1-1930
Dec 12, 1940 to Dec 12, 1940
that I last saw him alive on Nov 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Adenocarcinoma

Due to

Due to 47

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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?

230
While at work? (Specify type of place) (e) Means of injury

23. Signature A. J. Minnie (M. D. or other)
Address 230 W. 12th St. Date signed 12/12/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Henry Pleasant Tuggle

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Missouri Ann Tuggle 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased July 16 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 26 hr. min.

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 0

11. Industry or business

MOTHER FATHER { 12. Name Thomas Tuggle

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Rhoda Hopper

15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Tuggle

(b) Address Lock Springs, Mo.

17. (a) Burial (b) Date thereof 12-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lock Road Cemetery

18. (a) Signature of funeral director Hope Turner, Trust. Co.

(b) Address Gallatin Mo

19. (a) Dec 13 (Date received local registrar) (b) A. J. Minnie (Registrar's signature)

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

Harry A Hope

Licensed Embalmer No.

2082

P. O. Address

Gallatin, 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.