

FILED MAR 14 1941
Registration District No. **22**

Primary Registration District No. **5031**

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home near Tarkio, 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 62 years
years, months or days

3. (a) PRINT FULL NAME Thurza Lutitia Caudle

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased Jan 24 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Page Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Tarkio, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 2nd, 1941, to Jan 7th, 1941; that I last saw her alive on January 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 5 days

Due to Senility
Possible fracture of ribs
Due to Fall 1 mo

Other conditions (Include pregnancy within 3 months of death) 1910

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?

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

23. Signature C. H. Flannery (M. D. or other) _____
Address Tarkio, Mo Date signed 1-29-41

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.....

Scott Tucker

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.