

Registration District No. **598**

Primary Registration District No. **7355**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Morgan**
(b) City or town **Versailles**
(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 **Lifetime** **1** years, months or days

3. (a) PRINT FULL NAME **Robert Tuttt**

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

4. Sex **MALE** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **9**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **No Record** (Month) (Day) (Year)

8. AGE: Years **Appr 63** Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **Labor**

11. Industry or business _____

MOTHER, FATHER { 12. Name **Smith Tuttt**
13. Birthplace **Morgan County Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Carolina Hogan**
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **Fred Durin**

(b) Address **Versailles, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4/3/41** (Month) (Day) (Year)

(c) Place: burial or cremation **Versailles City Cemetery**

18. (a) Signature of funeral director **W. G. Gibson**

(b) Address **Versailles Missouri**

19. (a) **4/21/41** (Date received local registrar) (b) **Will F. Berry** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Morgan**
(c) City or town **Versailles** (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 **April** day **2nd** year **1941** hour **4** minute _____ P.M.

21. I hereby certify that I attended the deceased from **January 1st**, 1930, to **March 2**, 1941, that I last saw him alive on **January 1st**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiovascular Syphilia**

Due to **Syphilia, many years**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **SD**

Major findings: Of operations **none**
Of autopsy **none**

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? _____

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

23. Signature **W. G. Gibson** (M. D. or other) **!!**
Address **Versailles Mo 4/3/41** Date signed _____

Duration **many years**

PHYSICIAN
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.....

Gene Bartram
Licensed Embalmer No. *4021*
P. O. Address *Versailles, 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, fact should be so stated above.