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ev. 5-17-39
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24005

DEPARTMENT OF COMMERCE
BUREAU OF FISHERIES

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2544

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

148
3
89

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Conley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hospital
(Specify whether week)

In this community week
years, months or days Lavern Vera Tuttle

8. (a) PRINT FULL NAME L. Vern Tuttle

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Zella Tuttle

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept 24 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 11

If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel R. Tuttle

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

14. Maiden name Sarah Woodruff

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

16. (a) Informant Mrs. L. V. Tuttle

(b) Address Hannibal Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof July 7 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Hannibal Mo.

18. (a) Signature of funeral director L. P. Speight

(b) Address Hannibal Mo.

19. (a) 7-5-41
(Date received local registrar)

(b) M. M. Crome
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town 3 miles from Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1941 hour 8:00 minute 8 M.

21. I hereby certify that I attended the deceased from June 27
1941 to July 5 1941
that I last saw him alive on July 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of sigmoid gut

Duration 9

Due to _____

Due to _____

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

PHYSICIAN

Major findings: Growth of sigmoid gut

Of operations _____

Of autopsy _____

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 George J. Conley (M. D. or other) 1100

Address 116 W. 47th St. Kansas City Date signed 7-5-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{to be} was embalmed by me, or by _____

J.P. Haughton

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J.P. Haughton

Licensed Embalmer No. _____

3854

P. O. Address _____

Haughton 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.