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K23159

FILED AUG 15 1941 60
Registration District No. _____

Primary Registration District No. 4272

Registrar's No. 35

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

1. PLACE OF DEATH

(a) County Rafayette

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

(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 _____ years, months or days

3. (a) PRINT FULL NAME Mrs Julia Tuman

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

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

6. (b) Name of husband Henry Tuman 6. (c) Age of husband or wife if alive 87 1/2 years

7. Birth date of deceased Feb. 18, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 5 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Ernest Schreier

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schreier

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. Tremain

(b) Address Corder Mo

17. (a) Burial (b) Date thereof July 20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corder Putnam Cemetery

18. (a) Signature of funeral director Old Menershagen

(b) Address Higginsville Mo

19. (a) 7-31-41 (b) Tipping Webb
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rafayette 054

(c) City or town Corder, Rural 5
(If outside city or town limits, write "RURAL") 0

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 10:50 minute A M.

21. I hereby certify that I attended the deceased from July 20, 1941, to July 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis - severe many years with mental symptoms for two years

Due to fracture l. neck of femur 3 days

Due to _____

Other conditions 1938-91
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration

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) _____ 054

(b) Date of occurrence July 20-1941 Corder Mo

(c) Where did injury occur? at home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? yard of farm home

(e) Means of injury fall
(Specify type of place)

23. Signature W. Kappenberg (M. D. or other) _____
Address Higginsville, Mo Date signed July 24-1941

RECEIVED
District Health Officer No. 8,
District No. 8-1-41

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 *Roy F. Wiegman*
Licensed Embalmer No. *2883*
P. O. Address *Higginville*

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.