

2
41
39
26390

FILED AUG 29 1941

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 225

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County _____
(c) City or town Eddyville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Scott Tennant

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

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

6. (b) Name of husband or wife Mary Jane Tennant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 17 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 14 hr. min.

9. Birthplace Glasgow Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Utility

12. Name Thomas Tennant

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

14. Maiden name Jean Scott

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

16. (a) Informant Raymond Brown

(b) Address Eddyville, Iowa

17. (a) Burial (b) Date thereof AUG. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eddyville, Iowa

18. (a) Signature of funeral director Van Dyke Funeral Home

(b) Address Kirksville, Mo. Eddyville, Mo.

19. (a) July 31, 41 (b) Spencer & Freeman
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 20, 1941 to July 31, 1941
that I last saw him alive on July 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of recto-sigmoid
Duration 8-10 months

Due to _____
Due to H6d

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

Major findings: Cancer of recto sigmoid
Of operations Colostomy performed
Of autopsy _____

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) _____
(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) _____
(e) Means of injury _____
23. Signature Carl Laughlin (M. D. or other) 700
Address Eddyville, Mo. Date signed 7/31/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-41-1570

Date Filed AUG 21 1941

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 Harold V. Vigil

Licensed Embalmer No. 4076

P. O. Address Terrebonne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.