

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28953
Do not use this space.

1. PLACE OF DEATH
 (a) County Newton Registration District No. 614
 (b) Township Newtonia Primary Registration District No. 4364 Registered No. 15
 (c) City _____ or _____ (d) Street No. 1 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME Floyd B. Tatum
 (a) Residence, No. Newtonia Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vita Tatum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	58	8	17	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtonia Mo.

FATHER
 13. NAME George Tatum
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ritchey Mo.

MOTHER
 15. MAIDEN NAME Mary Wilson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtonia Mo.

17. INFORMANT (ADDRESS) Vita Tatum Newtonia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newtonia Mo. DATE Aug. 25 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Maria Cogan Wheaton, Mo.

20. FILED Aug 25, 1941 R. R. Roemer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23 1941

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Suicide, killed by shooting himself in mouth with 12 gauge shot gun

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. R. Reynolds Coroner
 (Address) Wheaton Mo

RECEIVED

District Health Officer No. 6,

District File Number 941-1517

Date Filed SEP 16 1941

SEP 16 1941

SEP 16 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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28952

Registration District No. 614

Primary Registration District No. 4364

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Newtonia Sup
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 23 Year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
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) suicide
(b) Date of occurrence 8/23-41
(c) Where did injury occur Newtonia NEWTON MO
(City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? no (Specify by means of injury shot himself with shot gun)
23. Signature Reynolds Corcoran M.D. or other _____
Address Wescho Date signed _____

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

MOTHER FATHER

3. (a) PRINT FULL NAME Floyd B Latum
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 6, 1882
(Month) (Day) (Year)
8. AGE: Years 58 Months 8 Days 12 If less than one day _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
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)

SUPPLEMENTARY

Wescho mo

