

FILED NOV 4 1941

Primary Registration District No. 3014

Registrar's No. 313

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

1. PLACE OF DEATH

(a) County Cole

(b) City or town Jefferson City Mo.

(c) Name of hospital or institution: 1134 2nd High St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 78 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1134 2nd High
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Mrs. Birdie Margaret Tullerson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1941 hour 12 minute 15 P. M.

4. Sex F 1. Color or race W.

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

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

7. Birth date of deceased Aug 23 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/10/41 to 10/27/41, 1941
that I last saw her alive on 9/19/41, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>4</u>	hr. min.

Immediate cause of death Cerebral Punctures

Duration 5 min

Due to Cerebral Hemiparesis years

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 948

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Friedrich Roetzer

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

14. Maiden name not known

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Tullerson

(b) Address Jefferson City Mo.

17. (a) Buried (b) Date thereof Oct-29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old City Cemetery

18. (a) Signature of funeral director John P. Gordon

(b) Address Jefferson City, Missouri

19. (a) Oct 28-41 (b) Notwend Pichter
(Date received local registrar) (Registrar's signature)

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? _____

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

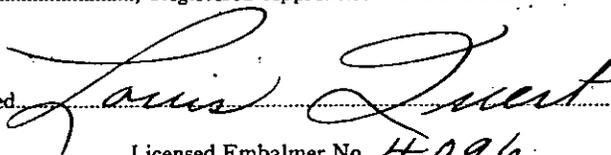
23. Signature Robert Tullerson (M. D. or other) MD
Address Jefferson City Mo. Date signed 10/28/41

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.....

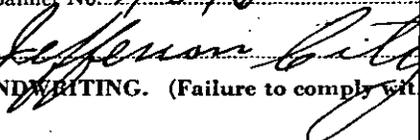
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 4096

P. O. Address



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.