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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38204

DEC 18 1941
Registration District No. 250

Primary Registration District No. 4150

State File No. _____

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Gallatin TWA
(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 6 Years (Specify whether years, months or days)
In this community 6 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31
(c) City or town Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. --- (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1941 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from 10:15 pm
Nov 19th 41 to Nov 19 41
that I last saw him im alive on Nov 19th 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Circulatory failure & congestion lungs
Due to gives history of genito-urinary hemorrhages since
Due to recent prostatic resection
Not seen by me until 30 minutes before death.
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy None

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) (e) Means of injury 0
23. Signature J. P. Wilson (M. D. over)
Address Windsor Mo. Date signed 11/21/41

3. (a) PRINT FULL NAME Thomas R. Tuggle

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ella Tuggle 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased March 8 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name John A. Tuggle

13. Birthplace Crab Orchard Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Merian Henry

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

16. (a) Informant Floyd S. Tuggle
(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 11-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Turney and Co
(b) Address Gallatin Missouri

19. (a) 11-21-41 (b) D. O. Nicholson
(Date received local registrar) (Registrar's signature)

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

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

L. O. Richardson

Licensed Embalmer No.

3302

P. O. Address

Salisbury 70

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.