

JAN 10 1942

Registration District No. 992

Primary Registration District No. 5047

Registrar's No. Nine

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural, Ozark Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 2 Aurora Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 62 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 33
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 Aurora Mo.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Delia Tunnell

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 or wife Ira Tunnell 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased August 10 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Lige Tunnell Brewster
13. Birthplace ? Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Ellis
15. Birthplace ? Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Loyd Tunnell

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 10/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) Oct 23 - 41 (b) Don Brechbeler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1941 hour 7 minute 00 AM

21. I hereby certify that I attended the deceased from mar 1940 to Oct. 10 1941
that I last saw her alive on Oct. 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Chronic
Due to Diabetes Mellitus

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations..... Of autopsy.....

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?

23. Signature Glen H. Salzer M.D. (Specify type of place) (e) Means of injury D
Address Cassell Mo. (M. D. or other)
Date signed Oct. 21

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

1-29-41

RECEIVED

District Health Officer No. 6,

District File Number 142-31

Date Filed JAN 6 1942

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

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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.