

No. 2
11-10-39
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43234

State File No. _____

Registrar's No. 367

Registration District No. 875

Primary Registration District No. 6162

1. PLACE OF DEATH:

(a) County Vernon Washington
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 years 6 mo 21 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. 317 South Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? U.S.A. years.

3. (a) PRINT FULL NAME FLORENCE - LOUELLA - TUMY

3. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife John Wilson Tummy 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Aug 19 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 8 If less than one day - hr. - min.

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

10. Usual occupation housewife

11. Industry or business none

12. Name Miles Larve Skillman

13. Birthplace unknown New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Gorman

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

16. (a) Informant Records State Hosp No 3

(b) Address Nevada Mo.

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

(c) Place: burial or cremation Fayette Mo

18. (a) Signature of funeral director Clay T. Halley

(b) Address Fayette, Missouri

19. (a) Dec. 27, 1941 (b) Allen V. Hoops
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1941 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from Oct 39, 1939, to Dec 27, 1941;

that I last saw her alive on Dec 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____

Due to _____

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no!

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? none (Specify type of place)

(e) Means of injury none

23. Signature Paul L. Barone (M. D. or other) M.D.

Address State Hospital No 3 Date signed Dec 27

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

RECORDED

District Health Officer No. 7,

District File Number 12-41-2106

Date Filed 1-6-42

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 _____

Ralph A. Carr

Licensed Embalmer No. _____

3340

P. O. Address _____

Jayette 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, above space should be left blank.