

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10646
Registrar's No. 36

FILED APR 9 1942
Registration District No. 218

Primary Registration District No. 3015

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

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(c) Name of hospital or institution: Dr Alex Van Ravenswaay Hospital
(d) Length of stay: In hospital or institution 1 week
In this community 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Fayette
(d) Street No. _____
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Mrs Minnie Tatum
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8
year 1942 hour _____ minute 1:30 P.M.
21. I hereby certify that I attended the deceased from 3-1-1942 to 3-8-1942
that I last saw her alive on 3-1-1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Samuel Y Tatum (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 6 - 1873

Immediate cause of death Thromb
Due to Acute Nephritis - urinary impaction
Due to _____

8. AGE: Year 69 Months _____ Days 2 If less than one day _____ hr. _____ min.

Other conditions _____
Major findings: Of operations 130
Of autopsy _____

9. Birthplace Howard County Mo, D
10. Usual occupation Housewife
11. Industry or business At Home
12. Name John David Wisely
13. Birthplace Virginia
14. Maiden name Frances Ann Fullam
15. Birthplace Howard County Mo D

16. (a) Informant Mrs. Chas. Jay
(b) Address Fayette, Mo.
17. (a) Burial (b) Date thereof Mar 10-1942
(c) Place: burial or cremation Walnut Ridge Cem Fayette
18. (a) Signature of funeral director W W Halley
(b) Address Fayette, Mo
19. (a) MAY-11-42 (b) DY. @ Kas. Swaps

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature Hubert V. Wells
Address Boonville Mo Date signed 3-11-42

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4-8-42

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 Fayette, 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.