

15299

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 125

Primary Registration District No. 5962

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural Saline Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Monroe City, R.F.D. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 Years
years, months or days)

3. (a) PRINT FULL NAME Elisas Moses Tuley

8. (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 Married

6. (b) Name of husband or wife Cornelia 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased February 8 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 2 1 hr. min.

9. Birthplace Shelby County / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business _____

12. Name Elisha Tuley

13. Birthplace Shelby County / Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ridgeway

15. Birthplace Shelby County / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Rayson Tuley

(b) Address Monroe City, Mo

17. (a) Burial (b) Date thereof 4/II/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Judes, Monroe City

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City, Mo

19. (a) Apr. 11-1942 (b) Mrs. Earl Perkinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City: R.F.D. 3
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 6th, 1942, to April 9th, 1942
that I last saw him alive on April 9th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 3 days

Due to 108

Due to Smility

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

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?

While at work? _____ (Specify type of place)
(c) Means of injury 0

23. Signature M. D. or other
Address Monroe City, Mo Date signed 4/11/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED.

District Health Officer No. 10

District File Number 5-42-944

Date Filed MAY 1 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 By me

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

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.