

FILED APR 14 1943
27

Registration District No. **27**

Primary Registration District No. **3005**

Registrar's No. **15**

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

1. PLACE OF DEATH:
(a) County **Bates**
(b) City or town **Butler Missouri**
(c) Name of hospital or institution: **Butler Memorial Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
In this community **16 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Floyd Carlyle Tallmadge**
3. (b) If veteran, **X** name war **X**
3. (c) Social Security **X** No. **No.**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Rose N. Collins** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **December 14th, 1885**
(Month) (Day) (Year)

8. AGE: Years **57** Months **1** Days **27** If less than one day hr. min.

9. Birthplace **Geneva Nebraska**
(City, town, or county) (State or foreign country)
retired

10. Usual occupation

11. Industry or business
12. Name **Henry Floyd Tallmadge**
13. Birthplace **Wisconsin**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Donavan**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rose Tallmadge**
(b) Address **Butler Missouri**

17. (a) (Burial, cremation, or removal) **burial** (b) Date thereof **Mar. 14, 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **Momence Ill.**

18. (a) Signature of funeral director **Booths**
(b) Address **Butler Missouri**

19. (a) **March 13, 1943** (b) **Mrs. Merwin Crompton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Bates**
(c) City or town **Butler Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10**
year **1943** hour **8** minute **30 A.**
21. I hereby certify that I attended the deceased from **Sept. 1942** to **Mar. 10, 1943**
that I last saw him alive on **Mar 10**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Distention**
Due to **Arteriosclerosis, Glomerulonephritis**

Other conditions (Include pregnancy within 3 months of death) **Saccharitis mellitus**
Major findings: Of operations **61**
Of autopsy

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

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
23. Signature **Carl W. Lutes** (M. D. or other)
Address **Butler, Mo.** Date signed **3/17/43**

RECEIVED

District Election Commission No. 7

District File Number 3-43-19

Date Filed 4-6-43

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 *John G. Anderson*

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.