

S. No. 2  
A-5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

118153

State File No. \_\_\_\_\_

JUN 10 1943  
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper  
(If outside of town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 323 S. Mineral Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) (Specify whether  
years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper  
(If outside city or town limits, write "RURAL")

(d) Street No. 323 S. Mineral  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Edward Tullis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1943 hour 11:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 2  
1943 to May 15, 1943  
that I last saw him alive on 5/4/43  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 28 1927  
(Month) (Day) (Year)

Immediate cause of death Sepsis Duration 1 day

Due to Vincent throat infection 10 day

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 3283

8. AGE: Years Months Days If less than one day  
45 7 18 hr. min.

9. Birthplace Cherryvale Kansas  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation School

11. Industry or business \_\_\_\_\_

12. Name W. H. Tullis

13. Birthplace Howard Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Leona A. Kelley

15. Birthplace Springdale Ark  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

Signature John Eno (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 5/19/43

16. (a) Informant W. H. Tullis

(b) Address 323 S. Mineral

17. (a) Burial (b) Date thereof 5-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gard Memorial

18. (a) Signature of funeral director Marville Dillon

(b) Address 4th & Wall St

19. (a) 5-19-43 (b) Gertrude Sudhalter  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

43-5-464

**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..... *David Dillon* .....

Licensed Embalmer No. *3898* .....

P. O. Address..... *Joplin, 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.**