

Registration District No. 467 175

Primary Registration District No. 4280 3036

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

1. PLACE OF DEATH:

(a) County Lawrence  
 (b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
513 Porter Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Month  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
 (c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 513 Porter Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME William A Tuttle

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Tuttle 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept 23 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>6</u>	..... hr. .... min.

9. Birthplace ? Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

12. Name Thomas Tuttle

13. Birthplace ? Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Katie Edwards

15. Birthplace ? Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Tuttle

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof May 3 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director J. E. King

(b) Address Aurora Mo.

19. (a) May 2 1943 (b) Clarence Green  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
 year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 25  
 1943 to April 30 1943

that I last saw h. im alive on ..... 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to .....  
 Due to .....  
 Other conditions .....  
(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) (e) Means of injury

23. Signature PA Town (M. D. or other) 0  
 Address Aurora Mo Date signed 4/30/43

RECEIVED

District Health Officer No. 5,

District File Number 643-800

Date Filed

**NOV 29 1943**

**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.....

*Herman M. Curridy*

Licensed Embalmer No. 3072

P. O. Address. Aurora 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.**