

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8060

State File No. _____

Registration District No. 292

Primary Registration District No. 6001

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 58 Years
years, months or days

3. (a) PRINT FULL NAME Rachel Tuley

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Howard S. 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased March 2 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 II 6 hr. min.

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Michial Hartigan
13. Birthplace Limerick County Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Orry Farroll
15. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Tuley
(b) Address Monroe City, Mo.
17. (a) Burial (b) Date thereof Febv 10/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holy Rosary Monroe City

18. (a) Signature of funeral director Willard S. Sore
(b) Address Monroe City, Mo.
19. (a) Feb. 10, 1944 (b) Mrs. Carl Beckman
(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) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th
year 1944 hour 8 minute 30 A. M.

I hereby certify that I attended the deceased from Dec 30 1943 to Feb 8 1944
that I last saw her alive on Feb 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Aracmia 2 DA

Due to Chronic Nephritis 2 yr

Due to _____
Other conditions CHRONIC ARTHREITIS 22 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 131
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 John S. Hefley (M. D. or other)
Address Monroe City, Mo. Date signed 3/9/44

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

RECEIVED

District Health Officer No. 10

District File Number 3-44-561

Date Filed MAR 9 1944

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

L. L. Wilson

Licensed Embalmer No.

3014

P. O. Address

Mouse 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, fact should be so stated above.