No. 2
5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10254

Primary Registration District No. 3000

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Ellis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1

(c) City or town Kirksville---"Rural" 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rural No. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Earnest G. Tuder

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bertha Alice Tuder

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 4 (Day) 1873 (Year)

8. AGE: Years 71 Months 0 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Adair Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Marion Tuder
13. Birthplace Howard Co., (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Lora Jane Rigdon
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mrs. Bertha Tuder
(b) Address Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/44 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Madison Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Kirksville, Missouri

19. (a) 3/28/44 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1944 hour 4:30 minute P: M.

21. I hereby certify that I attended the deceased from 3 Mar 14, 1944, to Mar 17, 1944 that I last saw him alive on Mar 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of throat

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

45f

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. R. Ellis (M. D. or other)

Address Kirksville Mo. Date signed 3-20-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-44-260
Date Filed APR 6 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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Der Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.