

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
406 Hermon St. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Life
 years, months or days

3. (a) PRINT FULL NAME Winstead W. Tadlock

3. (b) If veteran, name war WW #1 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 Martha Etta 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Dec 24 1889
 (Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Buchanan Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Gor'n Meat Inspector

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Milton Tadlock

13. Birthplace Clay Co. Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Buck

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

16. (a) Informant Martha E. Tadlock

(b) Address St Joseph, Mo

17. (a) Burial (b) Date thereof 3-13-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100F Cemetery

18. (a) Signature of funeral director Fleeman & son Inc

(b) Address St Joseph, Mo.

19. (a) 3-13-44 (b) Rae Stenzog
 (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 406 Hermon
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
 year 1944 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Dec 8, 1944, to March 11, 1944
 that I last saw him live on March 10, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - Bronchioleic Rt lung. Duration 15 mo.

Due to _____

Due to _____

Other conditions Emaciation 6mo.
 (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy 470

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 5 MD

23. Signature Ed Grant (M. D. or other) MD

Address St Joseph, Mo Date signed 3-13-44

APR 29 1944

APR 18 1944
MAR 30 1944

JUN 16 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

working under my personal supervision.

Registered Apprentice No.

Signed

Robert H. Apple

Licensed Embalmer No.

3308

P. O. Address

St. Joseph, 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.