

FILED APR 12 1944

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

Registration District No. 157

Primary Registration District No. 5586

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Rural - Marion Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route #1, Carthage, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 32 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Rural - Marion Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1, Carthage  
(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 28,  
year 1944 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from  
Jan 10 1944 to March 28 1944  
that I last saw him alive on March 24 1944  
and that death occurred on the date and hour stated above  
Immediate cause of death Myocarditis

Duration

Due to Cancer of Lung about 18 months  
ago at West City, T. P. Hosp.  
Due to at the Carthage Hosp.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
Means of injury? \_\_\_\_\_  
23. Signature E. C. Ulmer (M. D. or other)  
Address Carthage, Mo Date signed 3-29-44

3. (a) PRINT FULL NAME Carl Lee Tatum

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

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

6. (b) Name of husband or wife Rachel Cooper Tatum 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Sept. 28, 1911  
(Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Roofer

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

MOTHER { 12. Name Edward Tatum  
13. Birthplace Racine, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence Ford  
15. Birthplace Carthage, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Tatum  
(b) Address Route #1, Carthage, Mo.

17. (a) Burial (b) Date thereof 3-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer  
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) March 30 1944 (b) Elizabeth Complin  
(Date received local registrar) (Registrar's signature)

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

49  
0  
0

49  
0  
0

1208

443-290

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 Edlellmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.