

FILED MAY 10 1944

Registration District No. 65

Primary Registration District No. 4117

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution:
Village of Dalton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Dalton
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN WESLEY TATUM

3. (b) If veteran, name war r 3. (c) Social Security No. 2921-1611

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

6. (b) Name of husband or wife Next Tatum 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 20 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days - If less than one day _____ hr. _____ min.

9. Birthplace Chariton County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Tatum

13. Birthplace Chariton County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Walter McLeod

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

16. (a) Informant John Tatum Jr.

(b) Address Dalton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Brunswick

18. (a) Signature of funeral director W. J. Barrett

(b) Address Key Road Mo

19. (a) 4-10-44 (Date received local registrar) (b) R. O. O'Neal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1944 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from March 2 to April 4, 1944, and that death occurred on the date and hour stated above.

that I last saw him alive on April 14, 1944

Immediate cause of death Chronic Nephritis Interstitial

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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 J. R. Fisher (M.D. or other) D.D.
Address Brunswick Date signed April 6 1944

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

File Number

Filed

5-8-44

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

H. D. Barnett

Licensed Embalmer No.

3046

P. O. Address

Keytown, Pa.

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.