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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1944

Registration District No. 290

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15549

Primary Registration District No. 5983

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Ft. Leonard Wood, Mo Cutler Jump
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 7½ hours (Specify whether
In this community 17 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Ft Leonard Wood, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 14 B Young Ave., (Housing Area) 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pete Tatum

3. (b) If veteran, name war none

3. (c) Social Security No. 440-16-5563

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Ethel M

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased January (Month) 28 (Day) 1907 (Year)

8. AGE:	Years	Months	Days	If less than one day
	36	10	22	– hr. min.

9. Birthplace Carthage (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Civilian Employee - Cook -

11. Industry or business Post Exchange, Ft Leonard Wood Mo.

FATHER
12. Name --
13. Birthplace -- (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name --
15. Birthplace -- (City, town, or county) 9 (State or foreign country)

16. (a) Informant Post Exchange Officer.
(b) Address Fort Leonard Wood, Mo.

17. (c) REMOVAL (Burial, cremation, or removal) (b) Date thereof 12-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) Dec 21 1943 (Date received local registrar) (b) Robert A Murray Wtal MC (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 20
year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11:15 A. M., 20 December, 1943, to 6:45 PM 20 Dec 1943; that I last saw him alive on 20 December, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Diabetes, mellitus.	
(2) Nephritis, chronic, interstitial, ~~Due to~~ bilateral.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Emil C. Mrzek 0 (M. D. ~~or other~~)
Address Ft. L. Wood Mo. Date signed 12/30/43

1170

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 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 R O Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.