

FILED JUL 31 1944
Registration District No. **3529**

Primary Registration District No. **4478**

8000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Schuylers
(b) City or town Lancaster
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 51 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Schuylers
(c) City or town Lancaster
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ORAL RAY TADLOCK

3. (b) If veteran, name war World War I 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Oral Tadlock 6. (d) Age of husband or wife if alive _____ years

7. Birth date of deceased December 14 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 15 If less than one day hr. _____ min.

9. Birthplace Schuylers (City, town, or county) MO (State or foreign country)

10. Usual occupation tabacoo

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Tadlock

13. Birthplace Schuylers (City, town, or county) MO (State or foreign country)

14. Maiden name Mrs. Tadlock

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

16. (a) Informant Dr. Multon
(b) Address Lancaster MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation 100F
18. (a) Signature of funeral director P. G. Gentry
(b) Address Lancaster

19. (a) July 2, 1944 (Date received local registrar) (b) U. C. Justice (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1944 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 29 to Feb 7 and again from May 12, 1944, to June 29th, 1944; that I last saw him alive on June 29, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall bladder & adjacent organs
Probably 10 or 12 mon.
Due to Hepatic Carcinoma

Due to _____
Other conditions (Include pregnancy within 3 months of death) 46 f

PHYSICIAN
Major findings: No operations
Of operations _____
Of autopsy No 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) (e) Means of injury _____

23. Signature Ida M. Multon, M.D. (M. D. name)
Address Lancaster, Mo. Date signed July 2, 1944

JUL 18 1944

RECEIVED

District Health Officer No. 10

District File Number 7-77-1340

Date Filed JUL 14 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, ~~only~~

Russell O Fenton

Registered Apprentice No.

working under my personal supervision.

Signed

R O Fenton

Licensed Embalmer No.

3705

P. O. Address

Manchester 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.