

FILED AUG 28 1944

Registration District No. 366

Primary Registration District No. 45-36

Registrar's No. 35

1. PLACE OF DEATH:

(a) County WASHINGTON  
(b) City or town POTOSI  
(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) 7

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community 1 YEAR 4 MONTHS  
years, months or days)

3. (a) PRINT

FULL NAME JOHN DAVID TEBO

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if

7. Birth date of deceased OCT  
(Month)

31  
(Day)

1939  
(Year)

8. AGE:

Years 4

Months 9

Days 5

If less than one day

hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace CADET  
(City, town, or county)

MO  
(State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name FRANCIS ALBERT TEBO

13. Birthplace TIFE  
(City, town, or county)

MO  
(State or foreign country)

14. Maiden name HELEN COURTWAY

15. Birthplace WASHINGTON CO  
(City, town, or county)

MO  
(State or foreign country)

16. (a) Informant FRANCIS ALBERT TEBO

(b) Address POTOSI, MO

17. (a) BURIAL  
(Burial, cremation, or removal)

(b) Date thereof 8 8 44  
(Month) (Day) (Year)

(c) Place: burial or cremation BLACKWELL, MO

18. (a) Signature of funeral director BOYER FUNERAL HOME

(b) Address POTOSI, MO

19. (a) 8-8-44  
(Date received local registrar)

(b) Joseph L. Florman  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6  
year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from July 26, 1944 to Aug. 6, 1944

that I last saw him alive on Aug. 13, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Tubercular Meningitis  
(Include pregnancy, within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy 13 p-1

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 0

23. Signature Joseph L. Florman (M. D. or other)  
Address Potosi, Mo. Date signed 8-8-44

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

10/1

RECEIVED

District Health Officer No. 4  
District File Number 844-423  
Date Filed 8-26-44

STATEMENT BY LICENSED EMBALMER

AUG 28 1944

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Mary m Smith, Registered Apprentice No. 359

working under my personal supervision.

Signed Q H Bay

Licensed Embalmer No. 4158

P. O. Address 707051 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.