

V. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33385

State File No.

FILED OCT 19 1944
68

Registration District No.

Primary Registration District No. 5-2-6-64119

Registrar's No. 27

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Ozark Mo
(c) Name of hospital or institution: no street, No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs (Specify whether)
In this community 20 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Christian
(c) City or town Ozark Mo
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lou E. Tuttle
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 9 year 1944 hour 2 minute 10, a.m.
21. I hereby certify that I attended the deceased from Jan 1, 1943, to Sept 9, 1944 that last saw him alive on Sept 7, 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race w.
6. (a) Single, widowed, married divorced Married
(b) Name of husband or wife Myrtle Tuttle
(c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 2 1898 (Month) (Day) (Year)

Immediate cause of death: Portal Embolism of liver Duration 2 or 3 yrs
Due to unknown

8. AGE: Years 66 Months 4 Days 7 If less than one day hr. min.

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Taney County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business
12. Name Edward Tuttle
13. Birthplace Illinois
14. Maiden name Elizabeth Brown
15. Birthplace Mo. (City, town, or county) (State or foreign country)

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

16. (a) Informant Myrtle Tuttle
(b) Address Ozark Mo
17. (a) Buried (b) Date thereof Sept 11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Cemetery
18. (a) Signature of funeral director T. B. Chabber
(b) Address Ozark Mo
19. (a) Oct. 3-1944 (Date received local registrar) Mabel Mapes (Registrar's signature)

23. Signature R. P. Farthing (M. D. or other)
Address Ozark Date signed 10-5-44

1361 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 1044-1022

Date Filed OCT 17 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.