

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 35102

FILED NOV 14 1944
Registration District No. 214

Primary Registration District No. 3056

Registrar's No. 220

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Woolly
(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)

(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Woolly 88
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1175 Arch
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 3
If yes, name country 1

3. (a) PRINT FULL NAME Elisha Moses Tuley

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1944 hour 11 minute 50 a.m.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Emma Wadsworth Tuley

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

7. Birth date of deceased (Month) 11 (Day) 23 (Year) 1859

21. I hereby certify that I attended the deceased from 23 years years, 19 1910 to 1944 19 44 that I last saw him alive on Oct 28 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Poleno Sclerosis
family

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>84</u> | <u>11</u> | <u>7</u> | hr. min. |

Due to 97

Due to 97

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Marion Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Elisha Moses Tuley

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

14. Maiden name Flyan

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

16. (a) Informant Clyde W Tuley

(b) Address Woolly, Mo

17. (a) Woolly, Mo (b) Date thereof 11-1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director W. A. Thompson

(b) Address Woolly, Mo

19. (a) 11-1-44 (b) Erma Nave
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy

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 location of place)

While at work? (c) Means of injury 0

23. Signature W. A. Thompson (M. D. or other)

Address Woolly, Mo Date signed Oct 31/1944

1036

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 16 1944

RECEIVED

District Health Officer No. 10

District File Number ~~11-44-1857~~

Date Filed NOV 10 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 Mrs. I. S. Thompson
Licensed Embalmer No. 3282
P. O. Address Madison, 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.