

FILED FEB 15 1945

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 99

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

1. PLACE OF DEATH:

(a) County Bushyong

(b) City or town St Joseph mo
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 28 Days

3. (a) PRINT FULL NAME Alpha May Tuelper

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex H / 5. Color or race W

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

6. (b) Name of husband or wife Harry Tuelper

6. (c) Age of husband or wife if alive 8.6

7. Birth date of deceased July 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Dallas Texas DeKalb Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Michael Steinhauer

13. Birthplace Dallas Texas DeKalb Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Lena Diehl

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

16. (a) Informant Harry Tuelper

(b) Address Pattonburg MO

17. (a) Burial (b) Date thereof 1 29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation H. opened

18. (a) Signature of funeral director Abraham

(b) Address Pattonburg MO

19. (a) 1-29-45 (b) L. Helen Vickie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DeKalb 39

(c) City or town Rural Dallas Texas
(If outside city or town limits, write "RURAL")

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

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27
year 1945 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 2-45
to Jan 27, 1945

that I last saw her alive on Jan 27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 5 minutes

Due to Fracture of rt. femur 3 weeks

Due to

Other conditions Pneumonia - lobar 5 days
(Include pregnancy within 3 months of death)

Major findings: none 1866

Of operations none 39

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) Accident

(b) Date of occurrence Jan 2 - 45

(c) Where did injury occur? Altamont - MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place (Specify type of place) fall - getting out of car

While at work? No (e) Means of injury.....

23. Signature Paul Tompore (M. D. of Registrar)
Address St Joseph MO Date signed 1-27-45

1377

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~~ *will be*.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. Bronner*.....

Licensed Embalmer No. *2857*.....

P. O. Address *Pattonsburg 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.