. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

Registration District No. 74

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4136

State File No. 16662

Registrar's No. 33 — 28

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Plattsburg
(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 (Specify whether years, months or days)
In this community entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Plattsburg
(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

3. (a) PRINT FULL NAME Louella Tuggle
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 25 (Day) 1875 (Year)

8. AGE: Years 69 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Plattsburg (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation House work
11. Industry or business

FATHER
12. Name Richard Tuggle
13. Birthplace (City, town, or county) (2) Kent (State or foreign country)

MOTHER
14. Maiden name Sally
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mary Ellen Thomas Childres
(b) Address 544 Nebr. St. Kansas City, Kan.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 23 '45 (Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg, Mo
18. (a) Signature of funeral director Lyon Funeral Home
(b) Address Plattsburg, Mo.
19. (a) 5-23-45 (Date received local registrar) (b) Mrs A C Hartell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1945 hour 5:00 P.M. minute M.
21. I hereby certify that I attended the deceased from May 17th, 1945, to May 19th, 1945; that I last saw her alive on May 19th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis — Duration: do not know
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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 type of place)
While at work? (e) Means of injury

23. Signature L. D. Reynolds (M. D. or other)
Address Plattsburg Mo Date signed 5-13-45

1085 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 J. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartsville 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.