S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36807

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 79

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lee Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether years, months or days)

In this community All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Fayette 1
(If outside city or town limits, write "RURAL")

(d) Street No. 105 S. Howard St. 1
(If rural, give location) 0

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

If yes, name country ----

3. (a) PRINT FULL NAME Willie Tuggle

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 499-10-1486

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Peacher Tuggle

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February (Month) 2 (Day) 1892 (Year)

8. AGE: Years 54 Months 9 Days 11 If less than one day ---- hr. ---- min.

9. Birthplace Howard Co. Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business Meat Cutter

FATHER
12. Name John Tuggle
13. Birthplace Howard Co. Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Lavinia Burton
15. Birthplace Howard Co. Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Willie Tuggle
(b) Address 105 South Howard

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 11-15-1946 (Date received local registrar) (b) Dorothy Jenkins Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th year 1946 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from Nov 13th, 19 46 to ----, 19 ----; that I last saw him alive on Nov. 13, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 30 min

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations NA —
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) J

While at work? (e) Means of injury

23. Signature [illegible] M.D. (M. D. or other)

Address Fayette Mo Date signed 11-14-46

123 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-23-46

DEC 2 1946

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.