

Registration District No. 93

Primary Registration District No. 4157

Registrar's No. 80

1. PLACE OF DEATH:
(a) County Dade (Rural)
(b) City or town Dadesville (S. Morgan)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South Part of Dadesville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days) Life

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

3. (a) PRINT FULL NAME William B. Bryan Tammell
(b) If veteran World War I
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 4
year 1946 hour 10:15 minute A. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Clara May Tammell
(c) Age of husband or wife if alive 45 years
7. Birth date of deceased May 30, 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 20, 1946 to Dec 4, 1946
that I last saw him alive on Dec 3, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	50	6	4	hr. min.

Immediate cause of death Apoplexy
Due to _____
Due to _____

9. Birthplace Dadesville Missouri
(City, town, or county) (State or foreign country)

Other conditions Intestinal infarction
(Include pregnancy within 3 months of death)
Major findings: 82A
Of operations _____
Of autopsy _____

10. Usual occupation School Bus Driver
11. Industry or business Driving Buses

12. Name William Franklin Tammell
13. Birthplace Wykivore
(City, town, or county) (State or foreign country)
14. Maiden name Alice Tammell
15. Birthplace Missouri
(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 Clara May Tammell
(b) Address Dadesville, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dadesville Masonic Cemetery

18. (a) Signature of funeral director H. L. Evers
(b) Address Dadesville, Mo.

19. (a) 12-9-46 (b) Leo L. Weiss
(Date received local registrar) (Registrar's signature)

23. Signature B. B. Kirby (M. D. or other)
Address Dadesville Mo Date signed _____

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

MOTHER FATHER

Duration

8 days

2094

PHYSICIAN

Underline the cause to which death should be charged statistically.

FFB 281947

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.