

FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14057

Registration District No. 178

Primary Registration District No. 4283

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Ewing, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 years
(Specify whether years, months or days)

In this community 37 years
(Specify whether years, months or days)
(a) PRINT FULL NAME Elijah Charles Edward Tuley
(b) If veteran, name war: ---
(c) Social Security No. ----

4. Sex Male () 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: December 23 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 3 9 hr. min.

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

10. Usual occupation Paper Hanger, Painter

11. Industry or business _____

MOTHER FATHER { 12. Name Frank W. Tuley
13. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nora F. Logston
15. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Ellen Tuley
(b) Address Ewing, Missouri

17. (a) Burial (b) Date thereof April 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ewing, Missouri

18. (a) Signature of funeral director J. M. Roberts
(b) Address LaGrange, Missouri

19. (a) 4/8/47 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Ewing
(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 APRIL day 2
year 1947 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from MARCH 2
1947, to APRIL 2, 1947;
that I last saw him alive on MARCH 19, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS CHRONIC
Duration 2 1/2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 3 B
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. E. Tuley (M. D. or other) _____
Address LaGrange, Mo Date signed 4/7/47

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

MAY 2 1947

RECEIVED
State Health Officer No. 10
Date Filed APR 17 1947

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.....

Paul A. Vaughn....., Registered Apprentice No. 454
working under my personal supervision.

Signed: J. M. Roberts

Licensed Embalmer No. 1626

P. O. Address: LaGrange, Missouri

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.