

FILED NOV 25 1947

State File No. _____

Registration District No. 263

Primary Registration District No. 5888

Registrar's No. 1000

1. PLACE OF DEATH: Ozark
 (a) County Big Creek Twp- rural
 (b) City or town Ocie (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 _____)
 In this community 66 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ozark
 (c) City or town Ocie- rural (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Newton Tannehill
 3. (b) If veteran, name war --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 31 year 1947 hour 2 minute P M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

21. I hereby certify that I attended the deceased from October 30, 1947, to Oct 31, 1947 that I last saw him alive on Oct 20, 1947 and that death occurred on the date and hour stated above.

7. Birth date of deceased: March 7, 1881
 (Month) (Day) (Year)

Immediate cause of death Cardiac decompensation with edema
 Duration 2 hrs

8. AGE: Years 66 Months 7 Days 24 If less than one day hr. _____ min. _____

Due to _____
 Due to _____

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

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

10. Usual occupation Farmer

Major findings: Of operations 938

11. Industry or business _____

12. Name Newton Tannehill

13. Birthplace Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Susan Diggins

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

16. (a) Informant W. Tannehill

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 11-2-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutie cemetery

18. (a) Signature of funeral director Charles E. Johnson
 (b) Address Gainesville, Mo.

19. (a) 11-2-1947 (b) Mary E. Johnson
 (Date received local registrar) (Registrar's signature)

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 M. J. Hoerment (M. D. or other) DD
 Address Gainesville, Mo Date signed 11-2-47

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1147-1215

Date Filed NOV 24 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.....

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

Signed

W.B. Hutchison

Licensed Embalmer No.

3431

P. O. Address

Garnerville

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.