

FILED JAN 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2066

State File No. ....

Registration District No. 292

Primary Registration District No. 4435

Registrar's No. ....

1. PLACE OF DEATH:

(a) County RALLS.  
(b) City or town PERRY  
(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 2 (Specify whether  
In this community 65 YRS. years, months or days)

3. (a) PRINT FULL NAME CHARS-HOMER-TUTTLE.

3. (b) If veteran, name war ..... 3. (c) Social Security No. NONE.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ALICE-TUTTLE 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased APRIL-26-1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 8 17 hr. min.

9. Birthplace UNKNOWN INDIANA  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business FARM.

12. Name THOMAS-TUTTLE.

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

14. Maiden name UNKNOWN.

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

16. (a) Informant Mr Ralph Newton.  
(b) Address PERRY-MO.

17. (a) BURIAL (b) Date thereof 1-15-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MULDREW CEMETERY

18. (a) Signature of funeral director Elyse G. Winger  
(b) Address PERRY-MO.

19. (a) 1/15/48 (b) Elyse G. Winger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RALLS.  
(c) City or town PERRY-MO.  
(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 JAN day 13  
year 1948 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1 - 1948 to Jan 13, 1948  
that I last saw him alive on Jan 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block Duration 1 day  
Arteriosclerosis

Due to .....

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 97

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? Yes (Specify type of place) (e) Means of injury 0

23. Signature John H. Brown (M. D. or other) 0  
Address PERRY-MO Date signed 1/14/48

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

RECEIVED  
District Health Officer No. 10  
District File Number 1-48-173  
JAN 27 1948  
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.....

Ernest Wilson, Registered Apprentice No. 490,  
working under my personal supervision.

Signed.....

Plydes Wilby  
Licensed Embalmer No. 3820

P. O. Address Perry, 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.