S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5492

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 53

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: Life Time

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

3. (a) PRINT FULL NAME: Corder Everett Tuley
3. (b) If veteran, name war: No
3. (c) Social Security No.: No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Marvel L. DeLashmutt
6. (c) Age of husband or wife if alive: dec years
7. Birth date of deceased: April (Month) 4 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
55	10	6	hr. min.

9. Birthplace: Ely, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: Sterling P. Tuley
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Nellie Snyder
15. Birthplace: Iowa. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Glendel Greening
(b) Address: Palmyra, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Monroe City, Missouri
18. (a) Signature of funeral director: Lewis Bran
(b) Address: Palmyra, Missouri
19. (a) 2-12-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10 year 1948 hour 5 minute 55 A.M.
21. I hereby certify that I attended the deceased from 12-24- 2, 1947, to 2-10, 1948; that I last saw him alive on 2-10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	40 days
Due to: Hypertension Heart Disease	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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)
While at work? (e) Means of injury: 0
23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed: 2-11-48

(Licensed Embalmer's Statement on Reverse Side)

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 Leo. B. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra - 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.