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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1948

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 11717

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 m 11 d (Specify whether

In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

(c) City or town Moberly (If outside city or town limits, write "RURAL") 88

(d) Street No. 732 Sumach Ave (If rural, give location) 6

(e) Citizen of foreign country? no (Yes or No) 3

If yes, name country — 1

3. (a) PRINT FULL NAME ALBERT M. TISDALE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced W 9

6. (b) Name of husband or wife dk

6. (c) Age of husband or wife if alive dk years

7. Birth date of deceased (Month) (Day) (Year) 1866

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Schuyler Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation farmer

11. Industry or business farm

FATHER
12. Name dk A. J. Tisdale
13. Birthplace dk (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name dk Carolyn Parker
15. Birthplace dk (City, town, or county) 9 (State or foreign country)

16. (a) Informant Hospital records

(b) Address Fulton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Mo.

18. (a) Signature of funeral director Loyd Moore

(b) Address Downing Mo.

19. (a) 4-30-1948 (Date received local registrar) (b) Jody Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 6 minute 05 a M.

21. I hereby certify that I attended the deceased from 4/28/48, 19__, to 4/30/48, 19__; that I last saw him alive on 4/29/48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death chr. myocarditis

Due to

Due to

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

Major findings: Of operations chr. myocarditis

Of autopsy 935

Duration

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 J. C. Caldwell (M. D. or other) Mo

Address Fulton Mo Date signed 4/30/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-10-48

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Loyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing 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.