No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20210

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution: 2 mi. S.E. Gravois Mills
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community 2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Los Angles 999

(c) City or town Altadena 4
(If outside city or town limits, write "RURAL")

(d) Street No. 482 Crosby 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Oscar F. Tally

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle M. Tally

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April (Month) 22 (Day) 1875 (Year)

8. AGE: Years 73 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Boonville (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired Post Office Clerk

11. Industry or business

FATHER
12. Name Wm Tally /
13. Birthplace No Record (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Louisa Tate
15. Birthplace Nashville (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Myrtle Tally
(b) Address Altadena Calif.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Burial K. City Mo

18. (a) Signature of funeral director W. F. Kenville
(b) Address Versailles, Mo.

19. (a) 6/10/48 (Date received by local registrar) (b) J. L. Washburn (Registrar's signature) V.D.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 9 1948, hour about 4:30 a.m. minute M.

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

Immediate cause of death — Duration
Asphyxiation by drowning.
Due to Drowned Sheld 6-10-48.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 18
Of autopsy 26

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) Accidental 71
(b) Date of occurrence death by asphyxiation by drowning
(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? Twin Bridges 2 M. So. East Morgan mile no.
(Specify type of place)
While at work? (e) Means of injury Carry on Cooper

23. Signature Birch L. Medina (M. D. or other)
Address Versailles Mo. Date signed 6-10-48

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1948

AUG 21 1948

RECEIVED
District Health Officer No. 7,
District File Number 548-627
Date Filed 6-16-48

JUN 23 1948

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 Raymond Harber, Registered Apprentice No. 212 working under my personal supervision.

Signed W. H. Caldwell

Licensed Embalmer No. 1596

P. O. Address Pasadena M

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.