

FILED JUN 22 1948

Registration District No. **366**

Primary Registration District No. **6238**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Belgrade  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

Thomas M. Tullack

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Hannie Tullack

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased (Month) Dec.

(Day) 18 (Year) 1870

8. AGE: Years 77 Months 5 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business none

12. Name Samuel Tullack

13. Birthplace unknown

14. Maiden name Mary Jane Smith

15. Birthplace unknown

16. (a) Informant Hannie Tullack

(b) Address Belgrade Mo.

17. (a) Burial (b) Date thereof 6-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shirley

18. (c) Signature of funeral director Mr. Father Sparks

(b) Address \_\_\_\_\_

19. (a) 6-14-48 (b) Olla S. White  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town Belgrade 110  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1948 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 1 to June 8 1948  
that I last saw him alive on June 5 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart lesion  
Due to General edema.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations appt  
Of autopsy \_\_\_\_\_

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)  
(c) Means of injury 0  
23. Signature Joseph L. Thurman (M. D.)  
Address Poton, Mo. Date signed 6-14-48

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

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

RECEIVED

District Health Officer No. 4  
District File Number 648-782  
Date Filed 6-21-48

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.....

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

Signed Murphy Sparks  
Licensed Embalmer No. 4236  
P. O. Address 1108 Hwy, 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.