

FILED AUG 9 1948

State File No. _____

Registration District No. 112

Primary Registration District No. 1000

Registrar's No. 831

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph Mo
(c) Name of hospital or institution State Hospital No 27
(d) Length of stay: In hospital or institution 7 yrs 5 mo. 3 days
In this community 7 yrs-5 mos-3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City Mo 48
(d) Street No. 1820 East 22 St 3
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Erma Tuggles (Tuggles)
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1948 hour 2-05 minute 9 M.

4. Sex F 5. Color or race negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive 16 years (Day) (Year)

21. I hereby certify that I attended the deceased from June 1 1948 to July 29 1948
that I last saw her alive on July 28 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis

8. AGE: Years Months Days If less than one day
1 41 6 13 hr. min.

Due to Syphilis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace St Joseph Mo

10. Usual occupation none

11. Industry or business none
12. Name Ernest Broth
13. Birthplace Perreville Kan
14. Maiden name Gertrude Wheeler
15. Birthplace St Joseph Mo

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

16. (a) Informant Record Hospital
(b) Address St Joseph Mo

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) burial (b) Date thereof Aug 3 1948
(c) Place: burial or cremation City Cemetery

While at work? _____ (Specify place of place) _____
(e) Means of injury _____
23. Signature Geo. M. Botlar
Address By 66 Salzer Rd. Date signed 7/29/48

18. (a) Signature of funeral director Beatrice Erby
(b) Address 819 Pacific St. St. Joseph, Mo.
19. (a) August 5, 1948
(b) G. C. Janhara
(c) 222

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

1.41
7-39
229484

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 Carla Clark
Licensed Embalmer No. 4238
P. O. Address St Joseph 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.