

FILED SEP 3 1948

State File No. _____

Registration District No. 551

Primary Registration District No. 6111

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: Lee Tull Farm - Rt#1 Commerce
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 8 mos.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Commerce - "rural"
(If outside city or town limits, write "RURAL")

(d) Street No. Lee Tull Farm - Rt#1 - Commerce
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ _____ years.

3. (a) PRINT FULL NAME Charles Henry Tull

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1948 hour 12 minute 30 A.M.

4. Sex Male (5. Color or race White)

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

6. (b) Name of husband or wife Sarah Lou Emma Sipes

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 27 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-23-48 to 8-29 1948
that I last saw him alive on 8-28 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 4 Days 2 If less than one day
hr. min.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension
Arteriosclerosis

Due to _____

9. Birthplace McNairy County, Tenn. 1
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Jasper Newton Tull

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Morton

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Tull

(b) Address Commerce, Mo. Rt#1.

17. (a) BURIAL (b) Date thereof Aug 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CEMETERY NEAR BETHER BRINGS

18. (a) Signature of funeral director Diaplinghoff James

(b) Address Illmo, Mo.

19. (a) Aug-31-48 (b) Mrs Addie Harris
(Date received local registrar) (Registrar's signature) 225

Major findings: Of operations _____
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

23. Signature D. P. Bogan (M. D. or other) D.O.
Address Benton, Mo. Date signed 8-29-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Office No. 2
District File Number 948-1098
Date Filed 9-1-48

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.....

Oliver Amick

Licensed Embalmer No. 4470

P. O. Address. Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.