

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 5 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Randolph
(c) City or town MOBERLY
(d) Street No. 201 1/2 N. FRANKLIN STREET
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Ray Lee Tulley
3. (b) If veteran W.W.#1 name war _____
3. (c) Social Security No. _____
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 7 -- 17 -- 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month Oct day 30 year 1948 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct 28, 1948, to Oct 30, 1948
that I last saw him alive on Oct 29, 1948
and that death occurred on the date and hour stated above.

8. **AGE:** Years 59 Months 3 Days 13
If less than one day hr. _____ min. _____

Immediate cause of death _____
Myocardial Coronary
Due to Thrombosis with 24 hours
Due to 2:11 Heart block 4:30

9. Birthplace: Cantril, Iowa
(City, town, or county) (State or foreign country)

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

10. Usual occupation _____
11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____

12. Name _____
13. Birthplace Pennsylvania
14. Maiden name Barker Jane Struble
15. Birthplace vanBuren Co. Iowa
(City, town, or county) (State or foreign country)

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

16. (a) Informant Thomas Tulley
(b) Address _____
17. (a) Burial (b) Date thereof 11/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Cantril Iowa
18. (a) Signature of funeral director Marie C. Miller
(b) Address Moberly, Missouri

While at work? _____ (Specify type of place)
(e) Means of injury 0

19. (a) Nov. 48 (b) Paul Williams
(Date received local registrar) (Registrar's signature) 269

23. Signature Paul Williams (M. D. optional)
Address Moberly, Mo. Date signed 30 Oct 48

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

JAN 5 1946

JAN 28 1949

RECEIVED

District Health Officer

District File Number 11-48-1891

Date Filed NOV 8 - 1946

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 *Marion E. Millison*

Licensed Embalmer No. *3957*

P. O. Address *Moberly, 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.