

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

FILED DEC 6 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. E.E. 36215 33
State File No. _____
Registrar's No. 1030A

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 742 S. Grant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 742 S. Grant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis D. Tully

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie A. Tully 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 12 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Asst. Supt. Dining Car Serv.

11. Industry or business Frisco R.R.

12. Name Thomas T. Tully

13. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

14. Maiden name Olive Forest

15. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.D. Tully

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 11/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 11-30-48 (b) H.H. Lohmeyer MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1948 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from Nov 15 1947 to Nov 25 1948
that I last saw him alive on Sept. 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis for 3 years
Duration 3 years

Due to _____
Due to _____

Other conditions Pulmonary infection
(Include pregnancy within 3 months of death) 1 PMO

Major findings: Of operations ← Of autopsy ←
B.B.
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) _____
(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) Means of injury 0

23. Signature [Signature] (M.D. of District) _____
Address Springfield, Mo. Date signed 11/29/48

DEC 11 1944

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 *Walter E. Hamaker*

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.