

S. No. 300
M-10-47
rv. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED JAN 3 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 293

Primary Registration District No. 6004

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Enoch Arthur Tapley
3. (b) If veteran, name war _____ 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 Charlotte 6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased October 31, 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Omaha, Neb.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Tapley

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

14. Maiden name Jennie Briscoe

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

16. (a) Informant Ben Tapley

(b) Address Rt 2 New London, Mo

17. (a) Burial (b) Date thereof 12-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flint Hill, Mo

18. (a) Signature of funeral director James O'Connell

(b) Address Hannibal Mo

19. (a) 12-27-48 (b) Thos Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1948 hour _____ minute 320 AM

21. I hereby certify that I attended the deceased from Jan 4, 1947, to Dec 14, 1948.
that I last saw him alive on 13 Dec, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to arteriosclerosis

Due to _____

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

Major findings: Of operations after

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) (e) Means of injury _____

23. Signature M. J. Steen (M. D. or other) _____

Address 228 Bldg Hannibal Mo Date signed Dec 20/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 12-48-2214

Date Filed DEC 31 1949

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.