

MAY 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15749

Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 662
 (b) Township Barber Primary Registration District No. 5879
 (c) City _____ (d) Street No. _____

Registered No. 7

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 260 Hannett Tucker St. Mempho, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED, NAME OF HUSBAND (OR) WIFE OF Joseph B. Tucker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1841
 7. AGE YEARS 97 MONTHS 4 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Perry County, Mo.
 (STATE OR COUNTRY)

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Mr. Wm. B. Hudson
 (ADDRESS) Mempho, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cemetery DATE April 11, 1939

19. FUNERAL DIRECTOR (NAME) Bey Funeral Home
 (ADDRESS) Bermside, Mo.

20. FILED 4-9 1939 J. F. De Lasser
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1939, to April 9, 1939.
 I last saw her alive on April 9, 1939. Death is said to have occurred on the date stated above, at 4:15 P. M.
 The principal cause of death and related causes of importance were as follows:

Senility
162

Other contributory causes of importance:

Name of operation No Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Wm. B. Hudson M. D.
 (Address) Mempho, Mo.

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.....

Albert Berg

Licensed Embalmer No.....

3866

P. O. Address.....

Perryville, 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, above space should be left blank.