

1. PLACE OF DEATH: (GREENE)
(a) County GREENE
(b) City or town SPRINGFIELD
(c) Name of hospital or institution: 1059 N. PROSPECT
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution ✓
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 1059 N. PROSPECT
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME LOMA A. TUCKNESS 252
3. (b) If veteran, ✓ name war. No. 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23
1939 year. 2 hour 30 minute A. M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, divorced, widowed, MARRIED
6. (b) Name of husband or wife JOHN L. TUCKNESS 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased MARCH 28, 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-7-38 to 7-23-39; that I last saw her alive on 7-22-39 and that death occurred on the date and hour stated above.

8. AGE: Years ✓ 39 Months 3 Days 25 If less than one day hr. min.

Immediate cause of death Arterio-sclerosis Duration _____

9. Birthplace MO. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

Due to 99
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN _____

MOTHER FATHER
11. Industry or business _____
12. Name GEORGE W. DILL
13. Birthplace UNKNOWN
14. Maiden name EMMA BELLE HINES
15. Birthplace MO.

Major findings: ✓
Of operations _____
Of autopsy ✓
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature JOHN L. TUCKNESS
(b) Address 1059 N. PROSPECT
17. (a) BURIAL (b) Date thereof JULY 24 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT HOPE MO.
18. (a) Signature of funeral director W. H. King
(b) Address SPRINGFIELD MO.
19. (a) July 24, 1939 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

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 W. H. King (M. D. or other) _____
Address Springfield Mo. Date signed 7-24-39

59
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 MAKE A PERMANENT RECORD
 COPY IN BLACK INK

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 *Roy A. Bauer*

Licensed Embalmer No. *1763*

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, above space should be left blank.

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