

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. No. 2.
FORM-1-12-38

I X14023

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40006

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421

(b) Township Festus Primary Registration District No. 4249 Registered No. 86

(c) City Festus (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(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 Frank Tucker

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-15</u> 19 <u>39</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lottie Tucker</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>November 9</u> 19 <u>39</u> , to <u>November 15</u> 19 <u>39</u> I last saw him alive on <u>Nov. 14</u> 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>10:00</u> a. m. The principal cause of death and related causes of importance were as follows: <u>Lobar pneumonia of the left lower lobe -</u> <u>Arthritis deformans -</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 29-1868</u>				Date of onset <u>11/8/39</u>	
7. AGE	YEARS <u>71</u>	MONTHS <u>0</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			Other contributory causes of importance: <u>Arthritis deformans -</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) _____				
			11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flecom Mo</u>					
FATHER	13. NAME <u>UNKNOWN</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____				
MOTHER	15. MAIDEN NAME _____				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____				
17. INFORMANT <u>Lottie Tucker</u> (ADDRESS) <u>Festus Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Lawn Mem. PK</u> DATE <u>11-17</u> 19 <u>39</u>					
19. FUNERAL DIRECTOR (NAME) <u>Fink Und. Co.</u> (ADDRESS) <u>Festus Mo.</u>					
20. FILED <u>11/16</u> 19 <u>39</u> <u>J. E. Rutledge, M.D.</u> Local Registrar.					
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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 _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Rosalaw Paulsen, M. D.</u> _____ (Address) <u>Festus, Mo.</u>					

Licensed Embalmer's Statement on Reverse Side)

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,

Clean Province, or by

Registered Apprentice No., working under my personal supervision.

Signed *Clean Province*

Licensed Embalmer No. *3403*

P. O. Address *Festus 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.