

JAN 1 - 1940

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

43986  
Do not use this space.

J# 39  
Registered No. 14

1. PLACE OF DEATH James 7  
 (a) County Jackson Registration District No. 542  
 (b) Township Jackson Primary Registration District No. 9322  
 (c) City Vienna (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. 230 How long in U.S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_  
 2. PRINT FULL NAME James Irvin Tackett  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia A Tackett  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 78 8 25  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
 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 28  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Mo  
 FATHER 13. NAME Mrs Marion Tackett  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 MOTHER 15. MAIDEN NAME Zelpha Parry  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn  
 17. INFORMANT (ADDRESS) Mark Tackett Vienna Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Vienna Mo DATE 10/24/39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Birmingham Vienna Mo  
 20. FILED 11/20 1939 George M. Sted Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1939  
 22. I HEREBY CERTIFY that I attended deceased from Oct 18 1939 to Oct 22 1939  
 I last saw him alive on Oct 22 1939 Death is said to have occurred on the date stated above, at 4 P. m.  
 The principal cause of death and related causes of importance were as follows:  
 Hypertension  
 Cerebro-  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 10P  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Jones, M. D.  
 (Address) \_\_\_\_\_

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.

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**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

*M. C. Cunningham*

Licensed Embalmer No.

13664

P. O. Address

*Anna M.*

**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.**