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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7749

Registration District No. 677 Primary Registration District No. 4403 Registrar's No. 29

1. PLACE OF DEATH:

(a) County PHELPS

(b) City or town ROLLA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 3 YRS. years, months or days)

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2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County PHELPS

(c) City or town ROLLA
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME JAMES S. TUCKER

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M. 5. Color or race WH. 6. (a) Single, widowed, married, divorced MAR.

6. (b) Name of ~~husband or~~ wife IVA TUCKER 6. (c) Age of ~~husband or~~ wife if alive 47 years

7. Birth date of deceased JUNE (Month) 24 (Day) 1881 (Year)

8. AGE: Years 58 Months 8 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace CORNING (City, town, or county) IOWA (State or foreign country)

10. Usual occupation HOTEL KEEPER

11. Industry or business " "

FATHER
12. Name Oliver Tucker
13. Birthplace ENGLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Wireman
15. Birthplace PENNSYLVANIA (City, town, or county) (State or foreign country)

16. (a) Informant IVA TUCKER
(b) Address ROLLA MO.

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 3-13-1940 (Month) (Day) (Year)
(c) Place: burial or cremation ROLLA MO.

18. (a) Signature of funeral director Mrs. Harry McCain
(b) Address Rolla Mo.

19. (a) March 11, 1940 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature) 610

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11 year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 3-11, 1940 to 3-11-, 1940 that ~~I last saw h~~ not seen alive alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature E. E. Feind M.D. (M. D. or other) 1
Address Rolla Mo. Date signed 3-11-40

(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, ~~or by~~ .....

....., ~~Registered Apprentice No.~~ .....,

~~working under my personal supervision~~.

Signed R. F. McCann

Licensed Embalmer No. 3953

P. O. Address Rockland, Me

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.