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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 12 1940

Registration District No. 28

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3009

31607

State File No.

Registrar's No. 303

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three Weeks
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Evorett Tucker

3. (b) If veteran, name war _____

3. (c) Social Security 486-18-2387

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Tucker 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept 30 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Arson Tucker

13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna B. Brewer

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Tucker

(b) Address Young St

17. (a) Burial (b) Date thereof Sept. 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silver Lake Mo.

18. (a) Signature of funeral director Young St. Mo.

(b) Address Perryville Mo.

19. (a) 9-8-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1940 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 9/7, 1940, to 9/8, 1940;
that I last saw him alive on 9/8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to Suppurative Appendicitis
Defecus peritonitis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Ruptured Appendix

Of operations _____

Of autopsy Pulmonary Embolism

PHYSICIAN Underline the cause to which death should be charged etiologically.

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 J. B. Beard (M. D. or other) _____

Address _____ Date signed _____

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 *Edward G. Young*

Licensed Embalmer No. *2138*

P. O. Address *Conville, W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.