

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43733

JAN 25 1940
Registration District No. 274

Primary Registration District No. 4465

Registrar's No. 1004

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days) 2

3. (a) PRINT FULL NAME George Tucker

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

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

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

7. Birth date of deceased Dec 21st 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 14 If less than one day _____ hr. _____ min

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

10. Usual occupation Labors

11. Industry or business odd jobs

12. Name Geo. Tucker

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name unknown

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Geo. Tucker

(b) Address Flat River Mo

17. (a) Burial (b) Date thereof 11-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Layne Cemetery Caldwell Mo

18. (a) Signature of funeral director Flat River Mo

(b) Address _____

19. (a) 11-7-40 (b) B. B. Haney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Flat River
(If outside city or town limit, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 15
_____, 1940, to Nov 5, 1940;

that I last saw him alive on Nov 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration _____

Due to _____

Due to _____ 93C

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? _____

(e) While at work? _____ (Specify type of place)

(f) Means of injury _____

23. Signature C. H. Humphrey (M. D. or other) MD

Address Flat River Mo Date signed 11/7/40

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.