

FILED FEB 17 1941
443-

Registration District No. **443-**

Primary Registration District No. **4263**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County **Knox**
(b) City or town **Newark**
(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 **1**
In this community **74 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ELLA NORA TUCKER**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

(b) Name of husband or wife **Cashman H. Tucker** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **October 2nd 1865**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 75 | 3 | 13 | |

9. Birthplace **Pungeton, Penn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **own home**

12. Name **Benjamin Crampton**

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

14. Maiden name **Sarah Mc Athalby**

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

16. (a) Informant **Mrs Nellie T. Moore**

(b) Address **Newark, MO**

17. (a) **L.O.O.F. Cemetery** (b) Date thereof **Jan 17 1941**
(City or town, or cemetery) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **Thomas Ball**

(b) Address **Evans, Mo.**

19. (a) **Jan 16 1941** (b) **Mrs M. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox**
(c) City or town **Newark**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **15th**
year **1941** hour **12** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **Feb 9th** to **Jan 15 1941**
and that I last saw her **ER** alive on **Jan 14 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Sigmoid Flexure**

Due to **4 1/2 h**

Due to _____

Other conditions **Chronic Myocarditis**
Chronic Enteritis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? **395**

While at work _____ (Specify type of disease)
(b) Means of injury _____

23. Signature **Naldo Brown** M.D. or other _____

Address **Newark, MO** Date signed **1/15/41**

Duration **2 years**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-41-288

Date Filed FEB 14 1941

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.