S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6391

MAR 11 1941

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Brandon Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter 18

(c) City or town Grandin Rural (If outside city or town limits write "RURAL")

(d) Street No. Rural O (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Margaret, Louise, 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 married

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

7. Birth date of deceased Nov. (Month) 20 (Day) 1867 (Year)

8. AGE: Years 73 Months 2 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Mayfield (City, town, or county) 1 Ky. (State or foreign country)

10. Usual occupation at Home

11. Industry or business .....

FATHER
12. Name Merdie Kinzie
13. Birthplace unknown (City, town, or county) 1 Ky (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jess Tucker

(b) Address Doniphan Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 4-41 (Month) (Day) (Year)

(c) Place: burial or cremation Grandin Mo

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo

19. (a) 2/8/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1941 hour 4 minute 2 A.M.

21. I hereby certify that I attended the deceased from Jan-18- 1941 to Feb-3- 1941 that I last saw her alive on Feb-3- 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	1-18-41
Due to Cerebral Hemorrhage	11-5-40
Due to Hypertension	
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)

(e) While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)

Address Poplar Bluff Mo Date signed 2-4-41

(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 ..... Not Embalmed ....., 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.