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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10875

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 66

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 810 W. Kansas 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 810 W. Kansas 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ——— years.

3. (a) PRINT FULL NAME DANIEL EDWARD TUCKER
3. (b) If veteran, name war ——— 3. (c) Social Security No. ———
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cannine Tucker 6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased Feb. (Month) 10 (Day), 1853 (Year)

8. AGE: Years 88 Months 0 Days 28 If less than one day ——— hr. ——— min.

9. Birthplace Gasconade Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business Retired Minister
FATHER 12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Cannine Tucker
(b) Address 810 W. Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Maund Grove Cem.
18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence, Mo.
19. (a) March 8, 1941 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8th year 1941 hour 12 M minute 2 M.
21. I hereby certify that I attended the deceased from May 19, 1933, 19 , to Mar. 8, 1941; that I last saw him alive on March 8, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to Coronary Sclerosis	7
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 N	
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? 360 (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. X. Grabske (M. D. or other) 11
Address Independence Mo Date signed 3/8/41

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Roland P. Spenks

Licensed Embalmer No. 3604

P. O. Address Independence,

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

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