

INDEX JUL 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22511

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
500 Franklin
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 800 Franklin St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Lee 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased apl 26 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>1</u>	<u>20</u>	hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) 0 Md

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Louis F Nelson
13. Birthplace _____
(City, town, or county) (State or foreign country) 0 Md
14. Maiden name Mary Jefferson
15. Birthplace _____
(City, town, or county) (State or foreign country) 1 Wt

16. (a) Informant Mrs Raymond Gugin

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof June 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) June 17-41 (b) Leah Hubbard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1941 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from June 11 1941 to June 16 1941 that I last saw him alive on June 14 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Prosecho pneumonia

Due to do not know

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 1941

Major findings: Of operations no

Of autopsy no

Duration 5
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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(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)

While at work? no (e) Means of injury _____

23. Signature W. A. Meigs (M. D. or other) 0
Address Moberly Mo Date signed 6/17/41

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1279

Date Filed JUL 16 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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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, fact should be so stated above.