

No. 2  
-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30615

State File No. ....

FILED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3371

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: A.C. Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 hours  
(Specify whether years, months or days)  
In this community 38 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3008 E 32d  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8  
year 41 hour 5 minute 5 M.  
21. I hereby certify that I attended the deceased from 8/17/41  
9/9 1941 to 9/5 1941;

that I last saw him alive on 9/5 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Emphysema  
Auricular Fibrillation

Due to 1941  
57E

Other conditions n.m.o  
(Include pregnancy within 3 months of death)

Major findings: Tumor of abdomen undetermined  
Of operations organi

Of autopsy 57E

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Wm. M. Crow (M. D. or other) M.D.  
Address 1107 Bryant Bldg. Date signed 9/9/41

3. (a) PRINT FULL NAME Edz Pope Tucker

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

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb. 25, 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Sidney Jacks

13. Birthplace 0 Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Edz Pope

(b) Address 3008 Bellefontaine

17. (a) Burial (b) Date thereof 9/10/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial in Mo

18. (a) Signature of funeral director V. H. Black

(b) Address 2525 Independence R.C. Mo  
9/9/41 (c) M. M. Crow  
(Date received local registrar) (Registrar's signature)

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

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**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 W. D. Blackburn

Licensed Embalmer No. 3639

P.O. Address K. C. 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.**