

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32335

Registration District No. 547

Primary Registration District No. 3027 \$768

Registrar's No. 254726

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural route # 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural route # 3, Hannibal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in hospital
(Specify whether
In this community 50 years / years, months or days)

3. (a) PRINT FULL NAME Frank Allen 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 Anna Tucker 6. (c) Age of husband or wife if alive — years (Day) (Year)
7. Birth date of deceased June 5 1920 (Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Edgar County Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name James Conway Tucker
13. Birthplace (Don't know) Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Minerva Wilson
15. Birthplace (Don't know) Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Luther Tucker

(b) Address 5022 Lotus Ave; St. Louis Mo.

17. (a) Burial (b) Date thereof Sept. 14 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashtach Cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1000 Broadway Hannibal

19. (a) Sept. 12 1941 (b) Blanche Wilson (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1941 hour 10:40 minute 0 P. M.

21. I hereby certify that I attended the deceased from 6-17 1941 to 7-25 1941
that I last saw him alive on 7-25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to —

Due to —

Other conditions —
(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? —

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

23. Signature H. D. Daniel (M. D. or other)

Address Hannibal, Mo. Date signed 9-12-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1869

Date Filed OCT 17 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.....

Ray P. Schwartz, Registered Apprentice No.
working under my personal supervision.

Signed

Ray P. Schwartz
Licensed Embalmer No. 1765-8

P. O. Address: Annibal, M.

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.