

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS  
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34041  
Registrar's No. 3981

Registration District No. 399

Primary Registration District No. 1002

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: General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8-31-41-10-23-41  
(Specify whether  
In this community 14 years 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 2124 1/2 Vine St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME JAMES TUCKER  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Grace Tucker 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased September 12 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 11 If less than one day  
hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER { 12. Name Deceased Sandy Tucker  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Deceased Harriett  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital #2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/25/41  
Lincoln Cemetery (Month) (Day) (Year)

18. (a) Signature of funeral director Starkins & Co.  
(b) Address 1729 Lydia

19. (a) 10/25/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 23  
year 1941 hour 4 minute 55 a. m.

21. I hereby certify that I attended the deceased from August 31 1941 to October 23 1941,  
that I last saw him alive on October 19 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Probable ruptured Aortic Aneurysm  
Luetic in origin

Due to 30 5  
Due to

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)  
While at work? — Means of injury —  
23. Signature J. C. Starkins (M. D. or other) 0  
Address Gen Hosp #2 600 E. 22nd Date signed 10-23-41

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

18  
3  
00

**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: *Isaac J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2603 Highland*

**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.**