

FILED MAR 11 1942
Registration District No. 251

Primary Registration District No. 5863

Registrar's No. 13

78
30

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

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Steele, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 Mos. 12 Da. years, months or days

3. (a) PRINT FULL NAME Robert Earl Tucker
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male () race White 5. Color or race _____
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 13, 1941
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>12</u>	hr. -- min.

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

10. Usual occupation none

11. Industry or business none

12. Name A. L. Tucker

13. Birthplace Elmo, Tennessee
 (City, town, or county) (State or foreign country)

14. Maiden name LOIS Harris

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

16. (a) Informant Leon Allen Rt. 1 B. 11

(b) Address Caruthersville, Missouri

17. (a) Burial (b) Date thereof Jan. 25, 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director J. L. German

(b) Address Steele, Missouri

19. (a) 2-9-1942 (b) Jessie W. Marney
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot
 (c) City or town Steele (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
 year 1942 hour 2:00 minute 05 A. M.

21. I hereby certify that I attended the deceased from Jan 24
 _____, 1942 to Jan 25, 1942
 that I last saw him alive on Jan 4, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration _____

Due to Pneumococcus

Due to _____
 Other conditions malnutrition
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy 158

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? _____

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

23. Signature J.R. Chapman (M. D. or other) _____
 Address Steele, Mo Date signed 2/9/42

1206

3-42-16

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 ^{not}.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steubenville, Ohio

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.