S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

Registration District No. 180

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4466

State File No. 19128

Registrar's No. 34

1. PLACE OF DEATH:

(a) County STE GENEVIEVE

(b) City or town STE GENEVIEVE, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 TENN. (b) County OBION 999 40

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Location not known
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME EDDIE B. TUCKER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife LUELLA RANSON

6. (c) Age of ~~husband or~~ wife if alive 59 years

7. Birth date of deceased APRIL (Month) 26 (Day) 1881 (Year)

8. AGE: Years 61 Months 1 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace OBION Co. TENN. (City, town, or county) 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name WILLIAM GREEN TUCKER
13. Birthplace OBION COUNTY (City, town, or county) TENN. 1 (State or foreign country)

MOTHER
14. Maiden name ANNA ELIZABETH TUCKER
15. Birthplace OBION COUNTY (City, town, or county) TENN. 1 (State or foreign country)

16. (a) Informant Eddie Virgle Tucker
(b) Address 8 299 Washington St Genevieve Mo

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 19, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation OBION Co. TENN.

18. (a) Signature of funeral director Jerry Stanton Mortgage
(b) Address Ste. Genevieve Mo.

19. (a) May 19/42 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18TH year 1942 hour 8:00 minute P.M.

21. I hereby certify that I attended the deceased from May 8 1942 to May 18 1942 that I last saw him alive on May 18 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxic Myocarditis	3 weeks
Due to R.L. Lobar Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? ..... (e) Means of injury .....

23. Signature Arthur E Sexauer (M. D. or other) M.D.

Address Ste. Genevieve Mo Date signed 5-19-42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 641-781
Date Filed 6-16-43

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 Leroy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville, 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.