

No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33145

FILED NOV 11 1942

State File No. _____

Registration District No. 31

Primary Registration District No. 4040

Registrar's No. 17

1. PLACE OF DEATH: Cole Benton
 (a) County _____
 (b) City or town Cole Camp
 (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 75 Years
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 8
 (a) State Missouri (b) County Benton 0
 (c) City or town Cole Camp 0
 (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.? 0 years.

3. (a) PRINT FULL NAME E S Tucker
 3. (b) If veteran, name war. No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 6th
 year 1942 hour 10 minute 30 P. M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 29th 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1st, 1941, to Oct - 6th, 1942;
 that I last saw him alive on Oct - 6th, 1942;
 and that death occurred on the date and hour stated above.

8. AGE: 75 Years Months No Days 07
 If less than one day _____ hr. _____ min.

Immediate cause of death
Acute myocardial failure =
pulmonary edema
Due to Arteriosclerotic Heart Disease = Coronary Sclerosis
 Duration 30 min

9. Birthplace Cole Camp Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Barber

Other conditions (Include pregnancy within 3 months of death) 94a

11. Industry or business _____
 12. Name Preston Tucker
 13. Birthplace Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Almina Nichols
 (City, town, or county) (State or foreign country)
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant A. T. Tucker
 (b) Address Cole Camp Mo
 17. (a) Burial (b) Date thereof Oct 10th 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cole Camp Cemetery
 18. (a) Signature of funeral director E L Eickhoff
 (b) Address Cole Camp Mo
 19. (a) 10-10-42 (b) Sue Selover
 (Date received local registrar) (Registrar's signature)

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. D. Bennett (M. D. or other) MDT.
 Address Cole Camp Mo Date signed 10-10-42

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

MOTHER FATHER

63

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 11-42-1204

Date Filed 11-9-42

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..... E. L. Eickhoff.....

Licensed Embalmer No..... 730.....

P. O. Address Cole Camp 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.