

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 273

Primary Registration District No. 5915

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Central
(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. 88-0-18 (Specify whether years, months or days)
In this community 88-0-18

3. (a) PRINT FULL NAME Philmonia Tucker

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Tucker 6. (c) Age of husband or wife if alive, years 1854
7. Birth date of deceased December 3 (Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Perry Co Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Joseph Layton

12. Name Joseph Layton

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

14. Maiden name Catherine Miles

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

16. (a) Informant Fred Tucker

(b) Address Perryville Mo. R # 2

17. (a) Burial (b) Date thereof 12-23-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Son

(b) Address Perryville Mo.

19. (a) 12/22/42 (Date received local registrar) (b) O. F. Science (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21 year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Nov 15 42 to Dec 21 42 that I last saw him alive on Dec 20 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 2 days

Due to Hypertension 4 yrs

Due to General Arteriosclerosis 4 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy 830 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 Victor A. Curran (M. D. or other)

Address Perryville Mo. Date signed 12-27-42

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

MAR 2 1943

RECEIVED

District Health Officer No. 4
District File Number 143-1632
Date Filed 1-11-43

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

Licensed Embalmer No. 2138

P. O. Address Amesbury, Ma

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.