

S. No. 2/
-9.4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42211

FILED JAN 12 1942

State File No.

Registration District No. 340

Primary Registration District No. 4503

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bernie, Mo.
(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 25 years (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William D. Tucker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1942 hour 2 minute _____ P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nancy Tucker 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept 23 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 5, 1942 to Dec 21, 1942
that I last saw him alive on Dec 20, 1942
and that death occurred on the date and hour stated above

Immediate cause of death Pulmonary T.B.

8. AGE: Years Months Days If less than one day

60 2 28 hr. min.

Due to _____

Due to _____

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

9. Birthplace Leora Mo.
(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.

MOTHER FATHER

10. Usual occupation Farming

11. Industry or business Farming

12. Name William Tucker

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

14. Maiden name Harriet Brews

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

16. (a) Informant Earl Habgood

(b) Address Bernie, Mo.

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

(c) Place: burial or cremation Bernie, Mo.

18. (a) Signature of funeral director Bureau Funeral Home

(b) Address Bernie, Mo.

19. (a) 1-2-1942 (b) Cardie Miller
(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) ce

(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 Frederon Caldwell (M.D. or other) _____
Address Myrtle, Mo. Date signed Dec 27 1942

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

103
0

103
1
0

Physician signature

136

133

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 43-41

Date Filed 1-8-43

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 Hunter Allittton

Licensed Embalmer No. 4210

P. O. Address Silverton, 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.