No. 1
—5-42
—17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1863

FILED FEB 13 1943

Registration District No. 33 Primary Registration District No. 3011 Registrar's No. 75

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(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 35 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Claude Arthur Tucker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Ceci Standley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 30 (Day) 1886 (Year)

8. AGE: Years 56 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Mason City (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Electrician
11. Industry or business
FATHER 12. Name Albert Henry Tucker
13. Birthplace Iowa (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Barbara McCarty
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary E. Wylie
(b) Address Tulsa Okla.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Standley
(b) Address Carrollton Mo
19. (a) 1-21-43 (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1943 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan. 16, 1943 to Jan 19 1943 and that death occurred on the date and hour stated above.
that I last saw him alive on Jan 19 1943

Immediate cause of death Coronary Thrombosis — Duration 3 days
Due to Aorta Aneurysm — Dur. 2 years
Due to Inguinal Hernia — Dur. Known
Other conditions Nephrolithiasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 Everett L. Smith (M.D. or other)
Address 111 E. Main Carrollton, Mo Date signed 1/29/43

1033 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 2-12-43

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1863

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Carrollton
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Claude A. Tucker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased: Aug (Month) 30 (Day) (Year)
8. AGE: Years 56 Months 4 Days 22 If less than one day min.
9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 19 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: aortic aneurysm	
Due to: Inguinal Hernia	
nephrolithiasis 134a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Aortic Aneurysm was not due to syphilitic origin
Of autopsy

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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

JUL 29 1943