

X23159

FILED APR 14 1943

Registration District No. **77**

Primary Registration District No. **3016**

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

1. PLACE OF DEATH:

(a) County **Cole**

(b) City or town **Jefferson City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME **Charles Franklin Tucker**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** **Female**

5. Color or race **white**

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

6. (b) Name of husband or wife **Minnie Coffman**

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

7. Birth date of deceased **April 5 1869**
(Month) (Day) (Year)

8. AGE: Years **73** Months **10** Days **19**
If less than one day hr. min.

9. Birthplace **Pulaski Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **John Tucker**

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

14. Maiden name **Mary Reedy**

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

16. (a) Informant **Mrs. Ila Hill**

(b) Address **Tuscumbia, Mo.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **2-26-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Olean, Mo.**

18. (a) Signature of funeral director **C. I. Casey**

(b) Address **Iberia, Mo.**

19. (a) **4-1-43**
(Date received local registrar)

(b) **Norma Bickett**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Miller**

(c) City or town **Iberia, Mo.**
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **24th**
year **1943** hour **7** minute _____ A.M.

21. I hereby certify that I attended the deceased from **Nov. 6 1940** to **Feb. 24th 1943**; that I last saw him alive on **Feb. 24th 1943** and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Branch's Trauma**

Due to **Cerebral hemorrhage**

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

Major findings:
Of operations _____

Of autopsy _____

Duration **5**

PHYSICIAN **107**

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **Mr. A. A. ...** (M. D. or other) _____

Address **Jefferson City, Mo.** Date signed **4/2/43**

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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.....

P. O. Address.....

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.