. S. No. 2
OM—5-42
ev. 5-17-39
PI 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. 13876

FILED MAY 8 1943

Registration District No. 44

Primary Registration District No. 4062

Registrar's No. ~~44~~ 14

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Cowgill
(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 64 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Coldwell

(c) City or town Cowgill
(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 0

3. (a) PRINT FULL NAME Rosetta Tucker

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. C. Tucker

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June. (Month) 5. (Day) 1878 (Year)

8. AGE: Years 64 | Months 10 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Tatesville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Duties

11. Industry or business

FATHER
12. Name W.H.Yoakum
13. Birthplace Unknown (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Nancy Jane.Hendrix
15. Birthplace Rau County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant W. C. Tucker
(b) Address Cowgill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April.23.1943 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill Mo.

18. (a) Signature of funeral director E Thurman
(b) Address Richmond Mo.

19. (a) April 30-1943 (Date received local registrar) (b) E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from July, 1942, to April 21, 1943
that I last saw her alive on April 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to .....

Due to .....

Other conditions 46e
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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 O. C. Kilbourn (M. D. ~~or other~~)
Address Cowgill, Mo. Date signed 4/21/43

(Licensed Embalmer's Statement on Reverse Side)

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. 2073

P. O. Address Richmond 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.