

3. No. 2
1-5-42
5-17-39
1 X3207

On a Mr. Brey

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14596

State File No.

ED MAY 13 1943

Registration District No. 155

Primary Registration District No. 5578

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2147 Princeton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 years (Specify whether
In this community 46 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper
(If outside city or town limits, write "RURAL")

(d) Street No. 2147 Princeton
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Pearl 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 married

6. (b) Name of husband or wife Ellie 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb 5 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Empire Cleaners

11. Industry or business Day Cleaning

12. Name Pearl Tucker

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

14. Maiden name Temperance Ballman

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

16. (a) Informant Mrs Ellie Tucker

(b) Address 2147 Princeton

17. (a) Burial (b) Date thereof 4 mo 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jays Park Cem

18. (a) Signature of funeral director Franklin Diller

(b) Address 4th & Locust

19. (a) April 20 1943 (b) Mrs Ellie Tule
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1943 hour 12 minute 10 a.m.

I hereby certify that I attended the deceased from Jan 16 to April 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Malignancy of Pelvic and Uterine
Verrucae

Duration 4 mo

Due to _____

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

Major findings: Of operations 552

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? _____

23. Signature J. W. Tucker M. D. or other _____

Address Jasper Mo Date signed 4/18/43

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

MOTHER FATHER

43-4-387

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..... *Don Tetruck*

Licensed Embalmer No. *4008*

P. O. Address..... *Joplin 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.