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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 7 1943  
Registration District No. 52-0-124 Primary Registration District No. 5-44-35459 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County Brunswick  
(b) City or town Rural Center Linn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Springfield Rte. 41  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 years, months or days

2. USUAL RESIDENCE OF DECEASED: 39  
0  
(a) State Missouri (b) County Brunswick  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Springfield Rte. 4  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME VERN TUCK  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Tuck 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased September 14 1897  
(Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Brighton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business  
MOTHER FATHER { 12. Name Henry P. Tuck  
13. Birthplace Bohler Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Fitzgerald  
15. Birthplace Brighton Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Tuck  
(b) Address Rte. 4 Springfield Mo  
17. (a) Burial (b) Date thereof May 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director W. J. Williams  
(b) Address Springfield Mo  
19. (a) 5/16/43 (b) Jewell Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 13  
year 1943 hour 4 minute P M.  
21. I hereby certify that I attended the deceased from 1-10-42  
\_\_\_\_\_ 19\_\_\_\_ to 5/14 1943  
that I last saw him alive on 1-20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis about 2 yrs.  
Due to Infection Duration 1  
Due to Gen TB 13  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none Of operations none  
Of autopsy no  
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) no  
(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? no (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature A. F. Freeman (M. D. or other) \_\_\_\_\_  
Address Springfield Date signed 5/14/43

RECEIVED

Greene County Health Office,

County File Number 43-6-64

Date Filed 6/3/43

FEB 23 1949

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. 3681

P. O. Address Springfield, 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.