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S. No. 2  
OM-2-43  
5-17-32  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED JUN 11 1943

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 267

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes/No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN M. TUCKER

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Separated  
6. (b) Name of husband or wife Eliza Tucker 6. (c) Age of husband or wife if alive Unk. years  
7. Birth date of deceased Sept. 11, 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau Co., Missouri  
(City, town, or county) (State or foreign country)  
Rancher

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Tucker  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Malinda McGuire  
15. Birthplace Cape Girardeau Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4  
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Jackson, Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Jackson, Mo.

19. (a) May 14, 1943 (Date received local registrar) (b) Byrdie Burkmaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from April 26, 1943 19\_\_\_\_ to April 28, 1943 19\_\_\_\_; that I last saw him alive on April 28, 1943 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis Duration 10 yrs.

Due to Generalized Arteriosclerosis Sclerosis 10 yrs

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy As above

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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) MD  
Address [Signature] Date signed 4-28-43

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

74  
0  
0

1176

RECEIVED

District Health Officer No. 4  
District File Number 643-2270  
Date Filed 6-5-43

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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 Gene C. Cracraft  
Licensed Embalmer No. 4327  
P. O. Address Jackson, 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.