

S. No. 2
DOM-2-43
5-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21232

FILED JUN 25 1943

State File No.

Registration District No. 77

Primary Registration District No. 6290

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Dallas

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4.5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas

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

(d) Street No. Buffalo, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William M. Tucker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19
year 1943 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from April 3, 1943 to May 19, 1943
that I last saw him alive on May 17, 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Alie Tucker 6. (c) Age of husband or wife if alive 6.6 years

7. Birth date of deceased Aug 25 1864
(Month) (Day) (Year)

Immediate cause of death: Mitral Insufficiency following chronic endocarditis

Duration ?

Due to _____

Due to _____

Other conditions Coronary sclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

78 8 24 hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Chas. Tucker

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

14. Maiden name Emilia Tucker

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

Major findings: 926

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Myself

(b) Address Buffalo, Mo.

17. (a) Rural (b) Date thereof 5-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo, Mo.

19. (a) June 8, 1943 (b) Miss Arthur Hood
(Date received local registrar) (Registrar's signature)

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 2

23. Signature J. B. Bannard D.O.
(M.D. or other) _____
Address Buffalo, Mo. Date signed 5/26/43

1124 (Licensed Embalmer's Statement on Reverse Side)

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

3000

RECEIVED

District Health Officer No. 7,

District File Number _____

Date Filed _____

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo 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.