

FILED AUG 9 1943

5834

Registration District No. 2

Primary Registration District No. 5834

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural - Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1, Granby, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 8 Months (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural - Marion Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Granby
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOYCE JEANETTE TUCKER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased October 28, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>8</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Kenneth Tucker
13. Birthplace Welch, Okla.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Smith
15. Birthplace Diamond, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kenneth Tucker

(b) Address Route #1, Granby, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) 7-15-1943 (Date received local registrar) (b) Mrs. U. S. Chapman
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14,
year 1943 hour 12:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 13 to July 8, 1943
that I last saw her alive on July 8, 1943
and that death occurred on the date and hospital stated above.

Immediate cause of death Pseudotuberculosis
Muscular dystrophies

Due to Coryza

Due to _____

Other conditions (Include pregnancy within 3 months of death) 156 lb

Major findings:
Of operations _____
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? _____

While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature Grall Dale (M. D. or other) _____
Address Neosho, Mo. Date signed 7-15-43

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

MOTHER FATHER

73
0
0

RECEIVED

8-6-43

District Health Officer No.

District File Number

843-157

8-2-43

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 Eddie Almer

Licensed Embalmer No. 2722

P. O. Address Parthage

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.