

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27496

State File No.

LED SEP 7 1943

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 3651

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: R. C. TB. Hosp.
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 1 yr 10 m 5 d
(Specify whether years, months or days) 10 yrs.

In this community 10 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Tucker

3. (b) If veteran, name war.

3. (c) Social Security No. 496-07-5299

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive, years 11 12 18 93

7. Birth date of deceased (Month) (Day) (Year)

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

49 9 10 hr. min.

9. Birthplace Lawrence Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation clerk

MOTHER, FATHER

11. Industry or business

12. Name Charles Tucker

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

14. Maiden name Jessie Flinn

15. Birthplace Lawrence Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Records R.C.T.B. Hosp.

(b) Address Leeds Mo.

17. (a) Renaval (b) Date thereof 8-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director T.D. Frank Mortuary

(b) Address Lawrence, Kansas

19. (a) 8-23-43 (b) T. E. Brisson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 804 Woodland
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22
year 1943 hour 3:25 minute P. M.

21. I hereby certify that I attended the deceased from 10-17-41
....., 19....., to 8-22 1943

that I last saw him alive on 8-22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 2 y 3 m

Due to.....

Due to..... 13 1/2

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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 hoop

23. Signature Mortuary (M. D. or other) no

Address Leeds Mo. Date signed 8/24/43

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.....

Body Was Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Earl W. Tomeden*.....

Licensed Embalmer No. *3587*

P. O. Address *Lawrence Kansas*

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.