

Registration District No. 207

Primary Registration District No. 5253

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Rural - Boone Sup. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Boone Sup. ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town Meta, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Boone Sup. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Charles Edward Tucker

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Tucker 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 7 31 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Tucker
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Flanagan
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Tucker
(b) Address Meta Mo

17. (a) Burial (burial, cremation, or removal) (b) Date thereof: 8 19 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Spring Ridge

18. (a) Signature of funeral director Chas. B. Cunningham
(b) Address Jefferson

19. (a) 8-27-43 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day Aug. year 1943 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from Feb. 6 - 1943 to Aug 13 1943
that I last saw him alive on Aug. 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94a 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? _____

23. Signature J. A. Osman (M. D. or other) _____
Address Jefferson City, Mo. Date signed 8/19/43

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

006

FILED SEP 9 1943

1096

1918

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *W. B. Cunningham*

Licensed Embalmer No. *3664*

P.O. Address *Crema No.*

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.