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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1943

Registration District No. 329

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29508

Primary Registration District No. 3073-19 6112

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Rural Kelso Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott
(c) City or town RURAL CHAFFEE R. 1.
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPHENE TUCKER.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife LEO. H. TUCKER.

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 2. (Month) 26. (Day) 1882 (Year)

8. AGE: Years 61 Months 4. Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Kelso (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name LOUIS HAFLER.
13. Birthplace KELSO (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name Reggie DANNENMUELLER
15. Birthplace KELSO (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant ELVA ROBERTS. SON.
(b) Address KELSO MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation ST. AUGUST. CEM. KELSO

18. (a) Signature of funeral director C. M. Stubblefield
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1943 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from March 1, 1942, to April 1, 1942 that I last saw her alive on June 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death
General Arteriosclerosis with associated hypertension — Duration ?
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings:
Of operations .....
Of autopsy .....

97

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

23. Signature Mabel M. Delzeme (M. D. or other) D.O.
Address Chaffee - Mo. Date signed 7/1/43

1329

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 843-14
Date Filed 8-13-4

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 .....

..... [illegible], Registered Apprentice No. .....,

working under my personal supervision.

Signed C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.

. No. 2B
—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept 19

Registration District No. 328 Primary Registration District No. 6112 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Scott

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Josephine Tucker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 26 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 0 If less than one day ___ hr. ___ min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director C. M. Stubbs
(b) Address Chaffee Mo

19. (a) 7-2-43 (Date received local registrar) (b) Christa Grace (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

29508