

V. S. No. 2  
FORM-2-43  
Revised 5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43610  
Registrar's No. 357

FILED JAN 6 1944

Registration District No. 394

Primary Registration District No. 6075

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mo. State Hospital No. 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 15 des.  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME BEULAH BOLTON TUCKER

(b) If veteran, name war No

(c) Social Security No. Unknown

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced, Divorced  
3 divorced Widowed

6. (b) Name of husband or wife Charles J. Tucker  
(Last husband) Nov. 16, 1880

6. (c) Age of husband or wife if Deceased

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

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

63 0 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Lewis Bolton

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

14. Maiden name Etta Jane Johnson

15. Birthplace Cole County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem., St.

18. (a) Signature of funeral director Lupton Funeral Home

(b) Address St. Louis, Missouri

19. (a) Dec 1-1943 (Date received local registrar)

(b) Byrdie Buhmester (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 218 Linden  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28, year 1943 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from August 13, 1943 to November 28, 1943 that I last saw him alive on November 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Hypertension C.V. disease  
arteriosclerosis

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 93d  
(Include pregnancy within 3 months of death)

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? Louis, Mo.

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed 12-1-43

District Health Officer No. 4  
District File Number 144-3125  
Date Filed 1-5-44

**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 Carl J. Miller  
Licensed Embalmer No. 3752  
P. O. Address Farmington, 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.**