

FILED MAR 15 1944 2

Registration District No. _____ Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buysman**
(b) City or town **St. Joseph Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hosp # 22**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 years**
(Specify whether years, months or days) **Jan**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Buchanan**
(c) City or town **St. Joseph**
(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 _____

3. (a) PRINT FULL NAME

Lucy Hubbard Tucker

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **Feb.** day **25** year **1944** hour **9** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **1-15-1944** to **2-25-1944** that I last saw her alive on **2-25-1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **short**

4. Sex **7** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **3** divorced **Divorced**
(b) Name of husband or wife **Mark Hubbard** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 9 1877**
(Month) (Day) (Year)

8. AGE: **66** years Months **11** Days **16** If less than one day **Probably 65 to 68** hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace **DeKalb Co Ind** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **at home**

Major findings: Of operations **107**

11. Industry or business

12. Name **Thelma M Tucker**

Of autopsy _____

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

14. Maiden name **Martha E Dingworth**

15. Birthplace **DeKalb Co Ind** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. Benson**

(b) Address **at home**

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? _____

(c) Place: burial or cremation **oakland**

18. (a) Signature of funeral director **Jay Stamey**

(b) Address **St. Joseph Mo**

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

23. Signature **E H Magee MD** (M. D. or other) _____
Address **State Park # 2** Date signed **2/24/44**

19. (a) **2-28-44** (b) **Arse Heizer**
(Date received local registrar) (Registrar's signature)

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

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.....

John Roy Clancy

Licensed Embalmer No. *24357*

P. O. Address *St. Joseph*

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.