

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED AUG 12 1944

Registration District No. 218

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5919

State File No.

Registrar's No. 61

25397

1. PLACE OF DEATH:

(a) County Perry
 (b) City or town Brewer Mo.
 (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 11 Months- 29 Days
 In this community 11 Months- 29 Days
 years, months or days

3. (a) PRINT FULL NAME LeRoy Gerald Tucker

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased August 9 1943
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 29 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Joseph LeRoy Tucker
 13. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Hazel Moonier
 15. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Linn Tucker
 (b) Address Brewer Mo.

17. (a) Burial (b) Date thereof 8-10-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 8-9-44 (b) Thos. Elden
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
 (c) City or town Brewer Mo 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
 year 1944 hour 3 minute 30 P.

21. I hereby certify that I attended the deceased from Aug 7, 1944 to Aug 8, 1944
 that I last saw him alive on Aug 8, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
 Duration 4 days

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 106
 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?

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature O A Carron (M. D. or other)
 Address Perryville Mo. Date signed 8-8-44

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

RECEIVED

District Health Officer No. 4
District File Number 844-4205
Date Filed 8-11-44

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 Edward E. Young

Licensed Embalmer No. 2138

P. O. Address Penryn, Pa.

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.