

3. No. 2  
4-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30899  
State File No. \_\_\_\_\_  
Registrar's No. 39

FILED OCT 19 1944  
Registration District No. 238

Primary Registration District No. 4355

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
240

1. PLACE OF DEATH:  
(a) County New Madrid  
(b) City or town New Madrid  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No 1  
In this community about 15 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
(c) City or town New Madrid 72  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. \_\_\_\_\_ (If rural, give location) 6  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 11

3. (a) PRINT FULL NAME BERTECE TUCKER  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 1  
year 1944 hour 1:30 minute \_\_\_\_\_ P. 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.

4. Sex 3 FEMALE  
5. Color or race BLACK  
6. (a) Single, widowed, married, divorced 1  
(b) Name of husband or wife Dame Tucker  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased 8-8-1905  
(Month) (Day) (Year)

Immediate cause of death Acute myocarditis  
Due to \_\_\_\_\_  
Due to 930  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations No  
Of autopsy No

8. AGE: Years 39 Months 0 Days 23  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

MOTHER FATHER {  
12. Name Henry Humphrey  
13. Birthplace emp. La.  
(City, town, or county) (State or foreign country)  
14. Maiden name Carnestene Johnson  
15. Birthplace emp. La.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dame Tucker

(b) Address New Madrid

17. (a) Burial (b) Date thereof 9-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fannie Parrell

18. (a) Signature of funeral director Richards and Co.

(b) Address New Madrid, Mo.

19. (a) 10-3-44 (b) Wesley Louis Jones  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(b) Date of occurrence No  
(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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Leo Hidyppoth 3 Deputy Coroner  
(M. D. or other)  
Address New Madrid Date signed 9/2-44

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1044-1317

Date Filed 10-11-44

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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 Leo Hedgcock.....

Licensed Embalmer No. 3803.....

P. O. Address Greenwood, 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.**