. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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. 7049

FILED MAR 12 1945

Registration District No. 846

Primary Registration District No. 6072

Registrar's No. 320

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Doe Run, Mo. Pendleton Tp

(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 50 yrs.

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Doe Run

(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 Emily Hanna Tucker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 14, (Day) 1856 (Year)

8. AGE: Years 86 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Oliver Master
13. Birthplace Marble Hill (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Hanna Mucelroy
15. Birthplace Marble Hill (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lillie May Paul

(b) Address Doe Run, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Woodman Cem., Doe Run, Mo.

18. (a) Signature of funeral director Sparks Und. Co.

(b) Address Flat River, Missouri

19. (a) 2-27-45 (Date received local registrar) (b) Forrest Robins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1945 hour 12 minute Noon

21. I hereby certify that I attended the deceased from Feb 14, 1945, to Feb 15, 1945, that I last saw her alive on Feb 15, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 8 3 A

Major findings:
Of operations

Of autopsy No

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 L. M. Stanfield (M. D. or other) DO

Address Farmington Mo Date signed 2/22/45

1573 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 345-392

Date Filed 3-9-45

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River 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.