

FILED APR 17 1945

Registration District No. 278 Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH

(a) County Pike
(b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 20 days
In this community Life
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike
(c) City or town Rural
(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 Lou Tucker

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

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harry Tucker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year) 2 1850

8. AGE: Years 95 Months - Days - If less than one day hr. _____ min. _____

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

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Harriet Tucker

(b) Address Galva - Mo.

17. (a) Knob Cemetery Date thereof May - 22 - 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hoach & Davis Co.

(b) Address Galva - Mo.

19. (a) Mar 22 1945 (Date received from registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1945 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 15 1945, to March 20 1945 that I last saw her alive on March 19 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to age

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 _____

Signature EM Bartlett (M. D. or other)

Address Clarksville Mo Date signed 3/21/45

Duration

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
2
1

1169

(Licensee Embalmer Statement on Reverse Side)

APR 25 1945

RECEIVED

District Health Officer No. 10

District File Number 4-45-591

Date Filed APR 13 1945

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 Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Earlia 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.