S. No. 2
OM—2-43
v. 5-17-39
o I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40301

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5045

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or ~~institution~~: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 1/2 MONTHS (Specify whether years, months or days)
In this community 23 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 608 EAST 71ST TERRACE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME MRS. MATTIE SUE TUCKER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband ~~or wife~~ MR. HARRY E. TUCKER
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased NOVEMBER 11 1885 (Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace HIGGINSVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business ----

MOTHER FATHER
12. Name DANIEL S. LEACH
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name MARY FERGUSON
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MR. W. EARL TUCKER
(b) Address 608 EAST 71ST STREET TERR.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-8-1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY
18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 12-7-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 6TH year 1945 hour 1 minute 22 P.M.
21. I hereby certify that I attended the deceased from Nov. 4, 1945 to Dec 6, 1945 that I last saw him alive on Dec 6, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	10/24/45
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 12/7/45

(Licensed Embalmer's Statement on Reverse Side)

6/2 Professional Bldg
12:30-4

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 H. O. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.