No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5287

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 158

1. PLACE OF DEATH:

(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1120 N. Robberson Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 1120 N. Robberson
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. STELLA E. TUCKER

3. (b) If veteran, name war: None

3. (c) Social Security No.: UNK.

4. Sex: Femle

5. Color or race: White

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

6. (b) Name of husband or wife: C. N. Tucker

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

7. Birth date of deceased: January (Month) 19, (Day) 1894 (Year)

8. AGE: Years 52 Months 0 Days 24 If less than one day hr. min.

9. Birthplace: Durango, (City, town, or county) Colorado (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

MOTHER FATHER

12. Name: A. M. Croawford

13. Birthplace: Adams County, (City, town, or county) Ohio (State or foreign country)

14. Maiden name: Florence Eaton

15. Birthplace: Unknown, (City, town, or county) New Mexico (State or foreign country)

16. (a) Informant: R. G. Tucker
(b) Address: Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri

19. (a) 2-15-46 (Date received local registrar) (b) O W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13, year 1946 hour 1: minute 00 P.M.

21. I hereby certify that I attended the deceased from 26 Nov, 1945, to 13 Feb, 1946, that I last saw h. alive on 13 Feb, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Carcinomatosis	6 months
Due to Adens-Carcinoma Sigmoid	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Resection of sigmoid 3½ years ago (Adens-Carcinoma)
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) MD
Address: Woodruff Bldg Springfield Mo Date signed 14 Feb 46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5287

Registration District No. 128 Primary Registration District No. 2400 Registrar's No. 158

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1120 N. Robberson Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 N. Robberson
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. STELLA E. TUCKER

3. (b) If veteran, name war None

3. (c) Social Security No. UNK.

4. Sex Femle

5. Color or race White

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

6. (b) Name of husband or wife C. N. Tucker

6. (c) Age of husband or wife if alive 51 ~~UNK~~ years

7. Birth date of deceased January (Month) 19, (Day) ~~1894~~ 1895

8. AGE: Years 51 ~~51~~ Months 0 Days 25 ~~24~~ If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Andrew Murray Crawford ~~A. M. Crawford~~
13. Birthplace Scioto Co. ~~Adams County,~~ (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Florence Eaton
15. Birthplace Coryell Co., Texas ~~Unknown,~~ (City, town, or county) ~~New Mexico~~ (State or foreign country)

16. (a) Informant R. G. Tucker

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-15-46 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13, year 1946 hour 1: minute 00 P.M.

21. I hereby certify that I attended the deceased from 26 Nov 1945, to 13 Feb 1946, that I last saw her alive on 13 Feb 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis — Duration 6 months

Due to Adeno-Carcinoma Sigmoid — 4 years

Due to #6c,7,8,13,15,12 by affidavit of informant Document-Appl. From Moody Bible Inst. 12-15-70

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Resection of sigmoid 3½ years ago (Adeno-Carcinoma)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. Ned White (M. D. or other) MD

Address Woodruff Bldg Springfield Mo Date signed 14 Feb 46

Licensed Embalmer's Statement on Reverse Side

DEC 15 1970