V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8487

FILED APR 9 1946

Registration District No. 32 — Primary Registration District No. 5114 — Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Rural Wayne Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Zalma, Star Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Ethel Tuck
3. (b) If veteran, name war None
3. (c) Social Security No. 493-01-2478

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elttie Tuck
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Sept. 4 1887 (Month) (Day) (Year)

8. AGE: Years 58 | Months 6 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Bollinger Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business ____

MOTHER FATHER
12. Name George William Tuck
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Lizzie Jane Kennedy
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Elttie Tuck
(b) Address Zalma, Mo. Star Route
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Bernard Cemetery
18. (a) Signature of funeral director Leon S. Morgan
(b) Address Advance Mo
19. (a) Mar. 27 1946 (Date received local registrar) (b) Milan H. Vaus Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8 year 1946 hour 3 minute 15A M.
21. I hereby certify that I attended the deceased from ____ 1944 to Mar. 8 1946 that I last saw him alive on Mar. 8 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Chronic Nephritis	
Due to: senile dropsy	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3 V	
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 E. C. Masters (M. D. or other) Do.
Address Advance Mo Date signed 3-9-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

...t Health Officer No. 4

...strict File Number 446-1905

Date Filed 4-8-46

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 Floyd S. Morgan, Registered Apprentice No. ....., working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.