

No. 2
5-42
-17-39
X32873

FILED Jul 9 1946
Registration District No. 12

Primary Registration District No. 3017

Registrar's No. 214

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: -----
(Specify whether

In this community: All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. 1036 Third St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME James T. Tucker

3. (b) If veteran, name war: -----

3. (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1946 hour 10 minute ----- A.M.

21. I hereby certify that I attended the deceased from May 1
1946 to June 22, 1946
that I last saw him alive on June 22, 1946
and that death occurred on the date and hour stated above.

4. Sex Male (1) ^{5.} Color or race White

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

6. (b) Name of husband or wife Mrs. Susie Tucker

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 4 1876
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion Duration 6 weeks

Due to Arterio-sclerosis

Due to -----

Other conditions (Include pregnancy within 3 months of death): -----

8. AGE: Years 70 Months 3 Days 18 If less than one day ----- hr. ----- min.

9. Birthplace: Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter.

Major findings: Of operations: -----

Of autopsy: -----

PHYSICIAN: -----
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: -----

12. Name Robert H. Tucker.

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Parker

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

16. (a) Informant Mrs. Susie Tucker

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof June 24th/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Keller

(b) Address Boonville, Mo.

19. (a) ----- (b) Clayman's
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature M. L. Decker (M. D. or other) M.D.
Address Boonville, Mo. Date signed 6/24/46

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

RECEIVED

District Health Officer No. 8,

File Number.....

7-3-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *G. F. Roller*

Licensed Embalmer No. *3062*

P. O. Address *Reconville, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 2440

Registration District No. 82 Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME

James J. Tucke

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April 7 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) Chas. Maxwell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month _____ Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY 2

19857