

Registration District No. 129

Primary Registration District No. 547

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Willard Route 2
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Willard Route 2
(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 JOHN W. TUCK

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Virginia 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased December 8, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired Farmer

12. Name Benjamin Tuck

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

14. Maiden name Sarah Lethko
(City, town, or county) (State or foreign country)

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

16. (a) Informant Virginia Tuck

(b) Address Willard Rt. 2

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

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director J.W. Klöngner & Co.

(b) Address Springfield Missouri

19. (a) July 13 (b) Mrs. Herman White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Willard Route 2
(If outside city or town limits, write "RURAL")
 (d) Street No. Willard Route 2
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
 year 1946 hour _____ minute 11:30 A.M.

21. I hereby certify that I attended the deceased from 5-1, 1946, to 6-15, 1946
 that I last saw him alive on 6-14, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Embolic Stroke Duration 23 yrs.

Due to _____
 Due to _____

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

Major findings:
 Of operations _____

Of autopsy 5
 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) _____
 Means of injury _____

23. Signature [Signature] (M. D. or other) MD.
 Address Springfield Mo Date signed 6-15-46

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

RECEIVED

Greene County Health Office

County File Number 46-7-48-91

Date Filed 7-24-46

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.....

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.