

S. No. 2
DOM-243
ev. 5-17-39
X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27682
Registrar's No. 21

FILED AUG 21 1946
Registration District No. _____

Primary Registration District No. 5686

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Rural
(c) Name of hospital or institution 4 Years Institution
(d) Length of stay: In hospital or institution County
In this community Institution

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME AMANDA GOLDSBERRY TUCKER
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 4
year 1946 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 1945 to Aug 2 1946
that I last saw him alive on Aug 1 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John Tucker 6. (c) Age of husband or wife if alive years
7. Birth date of deceased may-6-1873

Immediate cause of death Cerebral Hemorrhage
Due to Atherosclerosis
Dec to Cerebral
Other conditions Emile Dementia
Duration 2 hrs
PHYSICIAN 1
Underline the cause to which death should be charged statistically.

8. AGE: Years 73 Months 2 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Prospect Ohio
10. Usual occupation Housewife

11. Industry or business _____
12. Name Silas Tooms
13. Birthplace D.R. Ohio
14. Maiden name D.R.
15. Birthplace D.R. Ohio

16. (a) Informant Wm Bottenfield
(b) Address Brookfield, Mo
17. (a) Burial (b) Date thereof Aug-6-1946
(c) Place: burial or cremation Rose Hill

Major findings: Of operations _____
Of autopsy 4/26

18. (a) Signature of funeral director Will Funeral Home
(b) Address Brookfield, Mo
19. (a) Aug 6 1946 (b) Mrs Bessie Kelley

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2
While at work? _____ (Specify type of place) _____
Signature Dr P Haley (M. D. or other) MD
Address Brookfield Date signed 8-5-46

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.