

FILED JAN 22 1947

Primary Registration District No. **3056**

Registrar's No. **280**

1. PLACE OF DEATH:
(a) County **RANDOLPH**
(b) City or town **MOBERLY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WABASH EMPLOYEES HOSP 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 days** (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Wallace P. TUCKER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **703-01-2434**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elizabeth** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug 29th 1869**
(Month) (Day) (Year)
8. AGE: Years **77** Months **3** Days **29** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired Engineer**

11. Industry or business **Wabash R.R.**

MOTHER FATHER
12. Name **James Tucker**
13. Birthplace **Mo**
14. Maiden name **Susan Davis** (City, town, or county) (State or foreign country)
15. Birthplace **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Elizabeth Tucker**
(b) Address **Moberly Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 31-46** (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo**

18. (a) Signature of funeral director **Mahan and Son**
(b) Address **Moberly Mo**

19. (a) **Dec 31-46** (Date received local registrar) (b) **Seal** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **RANDOLPH**
(c) City or town **MOBERLY** (If outside city or town limits, write "RURAL")
(d) Street No. **821 W. ROLLINS** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **DEC** day **28**
year **1946** hour **11** minute **50 P.M.**
21. I hereby certify that I attended the deceased from **12-17**, 19**46**, to **12-28**, 19**46**; that I last saw him alive on **12-28**, 19**46**; and that death occurred on the date and hour stated above.

Immediate cause of death **BRONCHO PNEUMONIA** Duration **3 da**

Due to **FRACTURE, NECK OF RT. HUMER 11 day**

Due to _____

Other conditions **HYPERTENSION** (Include pregnancy within 3 months of death) **4 RS**

Major findings: Of operations _____ Of autopsy **1869**

22. If death was due to external causes, fill in the following: (a) Accident, ~~suicide or homicide~~ (specify) **X** **127**

(b) Date of occurrence **11-17-46**

(c) Where did injury occur? **AT HOME - MOBERLY MO** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **AT HOME** (Specify type of place) (e) Means of injury _____

23. Signature **Robert H Young M.D.** (M. D. or other) **0**
Address **Wabash Hosp** Date signed **12-29-46**

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

JAN 05 1947

RECEIVED
District Health Officer: No. 10
District #17-45
Date Paid JAN - 6 1947

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..... *Frank B DeWitt*
Licensed Embalmer No..... *3021*
P. O. Address..... *Moberly 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.