

4 + Ohio Syer

FILED MAY 7 1947

State File No. 14499

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 158

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

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
900 So PROSPECT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS 80
(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No. 900 So PROSPECT 4
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA B TUCKER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID. 7
6. (b) Name of husband or wife Harney B. Tucker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB 19 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name GEO. L. BABINGTON 4
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name CORNELIA MARTIN
15. Birthplace VA 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Albert Wright
(b) Address Sedalia, Mo

17. (a) BURIAL (b) Date thereof 4-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLAT CREEK CEM.

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia

19. (a) 4/20/47 (b) Patty Yeager
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 19 year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1/9, 1947, to 4/19, 1947; that I last saw him alive on 4/15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death uremic poison 1089
Due to pyelitis chronic 544

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 OP Syer (M. D. or other) MD
Address Sedalia Mo Date signed 4/19/47

RECEIVED

District Health Officer No. 5

District File Number

Date Filed

5-6-47

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 *John A. Cantlon*

Licensed Embalmer No. *4387*

P. O. Address *Sedalia, 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.