

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28135

FILED AUG 19 1947
136

Registration District No. 136

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper
 (b) City or town: Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Freeman
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 3 days
 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper
 (c) City or town: Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 604 Broadway
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME: HARRY MONROE TUCKER

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

4. Sex: M. race: W. 5. Color or race: W. 6. (a) Single, widowed, married, divorced: M.
 6. (b) Name of husband or wife: Nelle 6. (c) Age of husband or wife if alive: years
 7. Birth date of deceased: September 25, 1890
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 56 9 21 hr. min.

9. Birthplace: Sallorspring, Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business:

12. Name: George Tucker
 13. Birthplace: Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name: Eliza Bradley
 15. Birthplace: Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Nelle Tucker
 (b) Address: 604 Broadway, Joplin

17. (a) Burial (b) Date thereof: 7-18-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Caveville, Mo.

18. (a) Signature of funeral director: Parker-Hunsaker
 (b) Address: Joplin, Missouri

19. (a) 7-26-47 (b) Solon Sampson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 16 year: 1947 hour: 00 minute: P M.

21. I hereby certify that I attended the deceased from 7-13-47, 19, to 7-16-47, 19, that I last saw him alive on 7-16-47, and that death occurred on the date and hour stated above.
 Immediate cause of death: Toxic myocarditis over 5 days

Due to: Cerebral degeneration from chronic alcoholism

Due to:

Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations: no operations
 Of autopsy: none

PHYSICIAN

Underline the cause of 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? (Specify type of place)
 While at work: (Specify means of injury)
 Signature: B. F. DeTar M. D. (M. D. or other) M. D.
 Address: 527 Frisco Bldg. Date signed: 7-22-47

47-8-456

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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. 2813J

Registration District No. 106

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(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 Harry M. Tucker
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 _____

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

7. Birth date of deceased Sept 25 (month) (day) (Year)

8. AGE: Years 56 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Sutured

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (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 CERTIFICATE

20. DATE OF DEATH: Month _____ year 1947 hour _____ minute _____ M. _____

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

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

