

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37234**

FILED DEC 3 1947

Registration District No. **43** Primary Registration District No. **3007** Registrar's No. **407**

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

3. (a) PRINT FULL NAME **Elizabeth Tucker**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widow**
6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased **July 1 1875**
(Month) (Day) (Year)

8. AGE: Years **72** Months **3** Days **20**
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business **House Work**

12. Name **Jack Mullen**

13. Birthplace **No Data**
(City, town, or county) (State or foreign country)

14. Maiden name **Susie Day**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Ira Tucker**

(b) Address **Puxico Missouri**

17. (a) **Burial** (b) Date thereof **Nov 23 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown Cemetery**

18. (a) Signature of funeral director **Watkins Service**

(b) Address **Puxico Missouri**

19. (a) **11-25-47** (b) **R H Muntz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Stoddard** **103**
(c) City or town **Rural Duck Creek T.S.**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **A**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **21**
year **1947** hour **Six** minute **30** **A** M.

21. I hereby certify that I attended the deceased from **Nov 21 1947** to **Nov 21 1947**
that I last saw him alive on **Nov 21 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombus**
Duration _____

Due to **Arterial Hypertension**

Due to **arteriosclerosis**

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

Major findings: Of operations **43 B**

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 **R H Muntz** (M. D. or other) _____

Address **Poplar Bluff** Date signed **11-25-47**

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1247-1531

Date Filed 12-2-47

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 Lynn Steele
Licensed Embalmer No. 2476
P. O. Address Wester 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.