

FILED JAN 6 1948

Registration District No. 25

Primary Registration District No. 4112

Registrar's No. 39

1. PLACE OF DEATH

(a) County Chariton
(b) City or town Dalton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton 21
(c) City or town Dalton (If outside city or town limits, write "RURAL")
(d) Street No. 33 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EVELENA TUCKER

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

4. Sex female 5. Color or race Black
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Russell Tucker
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 24 1892 (Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 1 If less than one day .hr. .min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Edith Miller
13. Birthplace Dalton (City, town, or county) Mo (State or foreign country)
14. Maiden name Ella Baker
15. Birthplace Dalton (City, town, or county) Mo (State or foreign country)

16. (a) Informant Russell Tucker
(b) Address Dalton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Dalton

18. (a) Signature of funeral director Hyde & Gruesz
(b) Address Key County Mo
19. (a) Dec 7 47 (Date received local registrar) (b) Mildred Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 4 year 1947 hour 10 minute 40 P.M.

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

Immediate cause of death Instant death
from gunshot wound
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 166
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Dec 4 1947
(c) Where did injury occur? Chariton Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
While at work? _____ (Specify type of place) (e) Means of injury Shot 3
23. Signature W.D. West (M. D. _____)
Address _____ Date signed 3/5/47

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

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 _____

H. D. Gamett

Licensed Embalmer No. _____

3046

P. O. Address _____

Keytesville 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.