

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42108

State File No. \_\_\_\_\_

Registration District No. 155

Primary Registration District No. 4244

Registrar's No. 195

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carterville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
228 E. MAIN  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4.5 years (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Oscar Tucker  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, separated Married  
6. (b) Name of husband or wife Separated Tucker 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Nov 14 1873  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 4 If less than one day hr. min.

9. Birthplace: Nobles Carter  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Retired

MOTHER FATHER  
12. Name George Tucker  
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 Mrs. Gertrude Tucker  
(b) Address Carterville, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1947  
(Month) (Day) (Year)  
(c) Place: burial or cremation Carterville, Mo

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) DEC 20 47 (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carterville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 228 E. MAIN  
(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 18  
year 1947 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Nov 10 1947 to Dec 18 1947  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis 1 hr  
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) (c) Means of injury \_\_\_\_\_  
Signature James V. Flaherty (M. D. or other)  
Address Carterville, Mo Date signed 12-19-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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..... *D. Ross Blanford* .....

Licensed Embalmer No. *4015* .....

P. O. Address..... *Wobb City, 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.