

FILED FEB 18 1948

Registration District No. **278**

Primary Registration District No. **3050**

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Caruthersville**
(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 **Life** years, months or days)

3. (a) PRINT FULL NAME **Ann Laura Scharmahorn 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 **Married**
6. (b) Name of husband or wife **W. R. Tucker** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **September 28, 1898**
(Month) (Day) (Year)

8. AGE: Years **49** Months **4** Days **5** If less than one day hr. _____ min. _____

9. Birthplace **Cottonwood Point, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Theodore Scharmahorn** /
13. Birthplace **Germantown Tenn.** /
(City, town, or county) (State or foreign country)
14. Maiden name **Ester Bader**
15. Birthplace **Cottonwood Point, Mo.** 0
(City, town, or county) (State or foreign country)

16. (a) Informant **W. R. Tucker**
(b) Address **Caruthersville, Mo.**

17. (a) **Burial** (b) Date thereof **2-4-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Little Prairie**

18. (a) Signature of funeral director **LaForge Und. Co.**

(b) Address **Caruthersville, Mo.**

19. (a) **2-19-48** (b) **Shemie B. Wicks**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot** **78**
(c) City or town **Caruthersville** **1**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **408 East 8th** **3**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **3**
year **1948** hour **2** minute **10** a.m.

21. I hereby certify that I attended the deceased from **Aug 15**
19**47**, to **Feb 3** 19**48**;
that I last saw her alive on **Feb 3** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** **Sudden**
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **X**

Major findings: Of operations **g3** /
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? **0**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **A. J. Cain** (M. D. or other) **745**
Address **Caruthersville Mo.** Date signed **2/6/48**

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

2-48-52

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.....

Boyd B. Willis....., Registered Apprentice No. 19
working under my personal supervision.

Signed Noel C. Dean.....

Licensed Embalmer No. 3941.....

P. O. Address Cauthrowville.....
710

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.