

No. 2
8-43
7-39
X37823

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

FILED APR 28 1948

Registration District No. 32

Primary Registration District No. 5-114

Registrar's No. 216

1. PLACE OF DEATH:

(a) County Bollinger
 (b) City or town Zalma, Mo., Wayne.
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 9
 (c) City or town Rural Wayne Twnshp.,
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or NO)
 If yes, name country _____

3. (a) PRINT FULL NAME Deloris May Tackett,

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 0

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

7. Birth date of deceased October 18th 1946
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 5 25 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name William Monroe Tackett

13. Birthplace Capegirardeau Co _____
 (City, town, or county) (State or foreign country)

14. Maiden name Ruby Jackson

15. Birthplace Scott, Co _____
 (City, town, or county) (State or foreign country)

16. (a) Informant William Monroe Tackett

(b) Address Zalma, Mo.,

17. (a) #### (b) Date thereof Apr. 14 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berong Cemetery

18. (a) Signature of funeral director Baker Funeral Home
 (b) Address Lutesville, Mo.,

19. (a) 4-15-48 (b) Willie Vandenburg
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
 year 1948 hour 5 minute 30 M.

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

Immediate cause of death _____
Burned to death when home was destroyed by fire.

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 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) accident 9
 (b) Date of occurrence April 13th, 1948
 (c) Where did injury occur? home (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? play (Specify type of place) (a) Means of injury by fire 3

23. Signature John J. Moore (M.D. or other)
 Address St. Charles, Mo. Date signed 4/15/48

RECEIVED

Minist Health Officer No. 4
File Number 448-550
Date Filed 4-27-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.