

FILED APR 21 1948
Registration District No. 222

Primary Registration District No. 2000

39
2
6

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2007 W. Atlantic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x
In this community 7 weeks
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Rural 53
(If outside city or town limits, write "RURAL")

(d) Street No. Union Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3: (a) PRINT FULL NAME John Lenore Tucker

3. (b) If veteran, name war x

3. (c) Social Security No. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1948 hour 3 minute 40 p.m.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maggie Tucker 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 9 - 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 23, 1948 to April 6, 1948
that I last saw him alive on April 6, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 6 Days 27
If less than one day x hr. x min.

Immediate cause of death Sudden death due to chronic myocarditis and myocardial degeneration, not rheumatic, secondary degenerated arteriosclerosis.

Due to rheumatic, secondary degenerated arteriosclerosis.

Due to _____

9. Birthplace Laclede County, Missouri
(City, town, or county) (State or foreign country)

Other conditions Suprapubic prostatic
(Include pregnancy within 3 months of death)
tomy, 28 February 1948

10. Usual occupation Farmer

Major findings:
Of operations Benign prostatic hypertrophy.

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Farm

12. Name Melvin Tucker

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Sarah McAdoo

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

16. (a) Informant Mrs. Maggie Tucker

(b) Address Conway, Missouri

17. (a) Burial (b) Date thereof 4-10-48
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Bilderback

18. (a) Signature of funeral director Flex Tamm

(b) Address Marshfield, Missouri

19. (a) 4-10-48 (b) W. E. Hensley, M.D.
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature J. S. Sichel (M. D. or other) M.D.
Address J. S. Sichel, M.D. Date signed APR. 10, 1948
55 Medical Arts Bldg. Springfield, Mo.

MAY 4 1948

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 *Alex J. Rainey*

Licensed Embalmer No. 3312

P. O. Address Marshfield, Missouri

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.