FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 9 1948

Registration District No. 5873

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5917

State File No. 27246

Registrar's No. 59

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

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Rural / St. Marys
(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: 76-0-18 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry 79
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Simon Arson Tucker
3. (b) If veteran, name war:
3. (c) Social Security No.: 499-01-0064

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Anna Bell Brewer
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: August (Month) 2 (Day) 1872 (Year)

8. AGE: Years 76 | Months 0 | Days 18 | If less than one day: hr. min.

9. Birthplace: Perry Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:

MOTHER
12. Name: Henry L. Tucker
13. Birthplace: Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

FATHER
14. Maiden name: Susanna Layton
15. Birthplace: Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Elbert Tucker
(b) Address: Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Silver Lake Mo.

18. (a) Signature of funeral director: Young & Sons
(b) Address: Perryville Mo.

19. (a) 8-23-48 (Date received local registrar) (b) Jos Zoellner (Registrar's signature) 2.50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 8 1948 to Aug 20 1948 that I last saw him alive on Aug 20 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	2 wks
Due to: Carcinoma of Stomach & metastases	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pernicious Anemia	3 yrs

Major findings:
Of operations: 10
Of autopsy:

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: Perryville Mo. 8-21-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

0

RECEIVED

District Health Officer No. 4

District File Number 948

Date Filed 9-8

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 Edward L Young

Licensed Embalmer No. 2138

P. O. Address Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.