

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 15 1948

Registration District No. 32

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5109

31985

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County... Bollinger
(b) City or town... Marquand (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... (Specify whether years, months or days)
In this community...

3. (a) PRINT

FULL NAME Lue Alma 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... Elias M. Tucker 6. (c) Age of husband or wife if alive... 68 years
7. Birth date of deceased... Jan. 5, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 6 hr. 2 min.

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

10. Usual occupation... Housewife

11. Industry or business

12. Name... Alonzo Carpenter
13. Birthplace... Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name... Martha Murry
15. Birthplace... Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant... Elias M. Tucker
(b) Address... Fredericktown, Mo

17. (a) Burial (b) Date thereof 4/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Des Arc Cemetery

18. (a) Signature of funeral director... William Egan
(b) Address... Piedmont, Missouri

19. (a) 11-17-48 (b) Wm Willie Van Amburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Madison
(c) City or town... Fredericktown (Rural)
(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...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1948 hour 8 minute 50 PM

21. I hereby certify that I attended the deceased from Mar 12, 1948, to Apr 11, 1948
that I last saw her alive on Apr 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death... Myocardial degeneration
Duration 6 weeks

Due to...
Due to...

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

Major findings:
Of operations... 938

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... P. W. Delaney (M. D. or other) D.O.
Address... Fredericktown, Mo Date signed... 4/13-48

RECEIVED

District Health Officer No. 4
District File Number 1148-1403
Date Filed 11-13-48

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.....

Coder Funeral Home....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

200

Registration District No.

32

Primary Registration District No.

5109

Registrar's No.

79

1. PLACE OF DEATH:

(a) County

(b) City or town

(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)

3. (a) PRINT
FULL NAME

Lue A. 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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

(If less than one day

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

Willie Sandburg
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(c) City or town

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

year

hour

minute

M.

21. I hereby certify that I attended the deceased from

year

month

day

19

at

place

where

the

deceased

was

found

dead

on

the

date

and

hour

stated

above.

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
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(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)

(e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

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

SUPPLEMENTARY

S-31985