Primary New Medical District No. Primary New Medical No. Negister's No.	_National Office of Vital Statistics STANDARD CERT	SION OF HEALTH IFICATE OF DEATH State File No	31,985
(a) County BOElinger (C) City or town Instruction (C) Length of stay: In hospital or institution (C) Citizen of foreign country? NO (C) Citizen of foreign country (C) Citizen of forei	Registration District No. Primary Primary Primary Primary	5/09	
(c) City or town		2. USUAL RESIDENCE OF DECEASED:	62
(c) City or town. APRILLAND. (BUYAL) and name of township) (c) Name of bospital or institution. wite street number or location) (d) Length of stay: In hospital or institution. wite street number or location) (d) Length of stay: In hospital or institution. (Specify whether very control of stay: In hospital or institution. (Specify whether very control of stay: In hospital or institution. (Specify whether very control of stay: In hospital or institution. (Specify whether very control of stay: In hospital or institution. (Specify whether very control of stay: In hospital or institution. (Specify whether very control of stay: In hospital or institution. (Specify whether very control of stay: In hospital or institution. (Specify whether very control of stay: In hospital or institution. (Specify whether very control of stay: In hospital or institution.) (d) Street No. (If very and its beatfors) (d) Street No. (If very and its beatfors) (e) City or town (If very and its beatfors) (f) City or town or country? NO If very NO MEDICAL CERTIFICATION MEDICAL CERTIFICATION (Yespo N MEDICAL CERTIFICATION 20. DATE OF DEATH: Month. April day 11 year 1948 bour & minute 50 p. (a) DATE OF DEATH: Month. April day 11 year 1948 bour & minute 50 p. (b) Name of husband or wife if Elizas M. Tucker alive 68 years 7. Birth date of deceased. Jan. 5, 1883 (Months Day) (Is as supported on the date and four stated above. Duration of the date and four stated above. Intended provided in the date of each of eac		(a) State Missouri (b) County Madison	n
(d) Length of stay: In heapital or institution. (a) Length of stay: In heapital or institution. (b) Length of stay: In heapital or institution. (c) Citizen of foreign country? (d) Length of stay: In heapital or institution. (e) Citizen of foreign country? (f) Frint. (a) PRINT FULL NAME 1. (a) PRINT FULL NAME 1. (b) Name of husband or wife. (c) Color of country (d) Length of stay: In heapital or institution. (d) Length of stay: In heapital or institution. (e) Name of husband or wife. (f) Color of country (h) Name of husband or wife. (h) Name of husband or wife. (h) Name of husband or wife. (h) Length of stay: In heapital or institution. (h) Length of stay: In heapital or institution. (h) Length of stay: In heapital or institution. (h) Address Predericktown, No. (h)		11	
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3. (a) PRINT FULL NAME LUE. Almai Tucker 3. (b) If veteran. 3. (c) Social Security No. name war. 4. Sex. F. 5. Color or 6. (a) Single, widowed, married, divorced. Married divorced. Married alive. 6. (c) Age of husband or wife in Elias M. Tucker 7. Birth date of deceased. Jan. 5. 1883. (Month) 9. Birthplace. Reyars Months Days If less than one day 65. 3 6 Ir. 9. Birthplace. Reyard. G. County (State or fortan country) 10. Usual occupation. Housewife 11. Industry or business. 12. Name. Alonzo. Carpenter 13. Birthplace Tennessee 13. Birthplace Tennessee 14. Maiden name. Martha. Murry 15. Birthplace. Tennessee 16. (a) Informant. Elias. M. Tucker (b) Address. Fredericktown, Mo. 17. (a) Elipail. (b) Date thereon of cremation. Des. Arc. Cennestery 18. (a) Signature of funeral director. Wells. Missouri. 29. DATE OF DEATH: Month. April day. 11 20. DATE OF DEATH: Month. April day. 12 21. I hereby certify that I attended the deceased from funty. Seat. Place of least of wife in additional or wife in alive on addition deceased on the date and four stated above. Immediate cause of data and four stated above. Immediate cause of data and four stated above. Immediate cause of data. Immediate cau		.	(Yes or No
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(c) Place: burial or cremation		11 1-6 11-6 11-6 11-6 11-6 11-6 11-6 11	************
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19. (a) 1. 1. 1. 1. (b) THANK IIII AM HUOVA J.		23. Signature & W. Allugue (M. D.	or other)
(Date received local registrar) (Registrar's signature)	(Date received local registrar) (Begistrar's signature)	Alfress Transfer Land Marchet Strong March sir	ned. 443

PECEIVED

District Health Officer No. Y

District File Number 1148-1403

Date Filed 11-13-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	ecorded on the reverse side of this	certificate w	as embalmed	by me, or	by
Coder Funeral Home	·,	Registered	Apprentice 1	No	

working under my personal supervision.

Signed William Go

Licensed Embalmer No...37.23....

P. O. Address Piedmont, Missouri

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

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

DEPARTMENT OF COMMERCE

o. 2B

STANDARD CERTIFICATE OF DEATH

State File No. UOV

Registrar's No....

ne of township)	(c) City or town	
·	(11 outside city or town limits, write "RU	KAL')
2)	(d) Street No	
(Specify whether	(e) Citizen of foreign country?	(Yes or No)
		7
	If yes, name country	
si_	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month	//
Security	14691	
	year minute	
wed, married,	21. I hereby certify that I attended the accessed from	
Cu, married,		;
	that Wast saw h H alive on	;
sband or wife if	and that whath occurred on the date and hour stated above.	Duration
(Your)		
16.72.50	_	
an bnemay	Due to	
min.		
ma	Due to	·····
foreign country)		
	Other conditions	
		PHYSICIAN
***************************************	Major findings:	
	Of operations	Underline
		the cause to which death
foreign country)	Of autopsy	should be charged sta-
-		
(oreign country)	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)
(Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place,	
	(Specify type of place)	************
	While at work? (c) Means of injury	
1	h 23. Signature (M. D.	or other)
ubeveg	Y	igned

2. USUAL RESIDENCE OF DECEASED:

5-31985

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