

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17777
Registrar's No. _____

Registration District No. 17 Primary Registration District No. 5022

1. PLACE OF DEATH:

(a) County Atchison *Atchison*
(b) City or town Rural Fairfax
(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) 20
(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 Nodaway
(c) City or town Burlington Jet.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Marietta Georgia Tucker *260*

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wesley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 22 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Campbell Co Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Greene C. Hunter
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza D. Douglas
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Dave Tucker
(b) Address Clarion Ia.

17. (a) Burial (b) Date thereof 5-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ohio Cemetery

18. (a) Signature of funeral director J. B. Hamm
(b) Address Burlington Jet. Mo

19. (a) 5-7-1940 (b) Hetta B. Black
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1940 hour one minute - P. M.

21. I hereby certify that I attended the deceased from October 25
1939 to May 5, 1940;
that I last saw her alive on May 4 - 4:00 P.M., 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
with myocardial decompensation *2 mo. 3 dy.*
apoplexy Oct. 1939 *2 mo.*
Due to Chronic cholelithiasis *unknown*
chronic endocarditis *unknown*
Due to Coronary Sclerosis *3 yr.*
senile dementia *1 mo.*

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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?
15 _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Morris I. McDonald M. D. or other _____
Address Fairfax Mo Date signed 5-6-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 11,

District File Number 640-869

Date Filed JUN 11 1940

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.....

Robert H. Apple

Licensed Embalmer No.....

3308

P. O. Address.....

Burlington Jct. Ma

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, above space should be left blank.