

FILED AUG 9 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25175  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Greene Registration District No. 318  
 (b) Township \_\_\_\_\_ Primary Registration District No. 2001  
 (c) City Springfield (d) Street No. Bunge No. 1 St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 200 Kenneth Lynn Tuck  
 (a) Residence, No. Milker Mo. 0 St.  Miller, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
0 0 0 7 hrs. 0 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo. 0

FATHER 13. NAME Elmer Tuck  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo. 0

MOTHER 15. MAIDEN NAME Georgia Pennington  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo. 0

17. INFORMANT (ADDRESS) Elmer Tuck  
Milker Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Round Grove DATE 7-8-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morris - LEIMAN  
Milker Mo.

20. FILED 7-8-1940 W.E. Handley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-1940

22. I HEREBY CERTIFY, That I attended deceased from 7/7, 1940 to 7/7, 1940  
 I last saw him alive on 7/7, 1940 Death is said to have occurred on the date stated above, at 12:30pm  
 The principal cause of death and related causes of importance were as follows:  
Premature Birth.  
(6mo. preg.)  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 154

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in Industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Kenneth Glover, M. D.  
 (Address) W. Vernon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

..... *Not Embalmed* ..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**