DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39513

Registration District No. 687 Primary Registration District No. 59K Registrar's No.

1. PLACE OF DEATH:
(a) County Pike Bowling Hill
(b) City or town RFD Eolia Mo
(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 (Specify whether
In this community years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town RFD Eolia Mo
(If outside city or town limits, write "RURAL")
(d) Street No. RFD
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Tucker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Black

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 10-1881 (Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Pike Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Walter Tucker
13. Birthplace Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Ann
15. Birthplace (?) (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jim Tucker
(b) Address RFD Eolia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/40 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana Mo

18. (a) Signature of funeral director F C Haley Jr
(b) Address Louisiana Mo

19. (a) 12-2-40 (Date received local registrar) (b) B M Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1940 hour 11 minute 50 A M.

21. I hereby certify that I attended the deceased from Nov 10, 1940, to Dec 2, 1940, that I last saw him alive on Nov 28, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prostration	10 days
Due to: Chronic Prostitutis	years
Due to:	
Other conditions (Include pregnancy within 3 months of death) 1/0	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 C. L. Bankhead (M. D. ~~or other~~)
Address Paynesville Mo Date signed 12/2/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 6-17-39 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 12-40-2349
Date Filed DEC 17 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 George Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana Mo

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.