

Registration District No. 417

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 1 yr. 6 mo. 28 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 502 High
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Teresa Pearl Tucker

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. Sept. 1, 1940.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 28
hr. min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

MOTHER FATHER

11. Industry or business
12. Name Robert Tracie Tucker
13. Birthplace Abeline Texas
(City, town, or county) (State or foreign country)
14. Maiden name Beatrice Huffine
15. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Tucker
(b) Address 502 High, Joplin, Mo.

17. (a) Burial (b) Date thereof 3-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3-3-42 (b) Herta Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1942 hour 10:00 minute 8 M.

21. I hereby certify that I attended the deceased from 3/20/42
19... to 3/29/42
that I last saw her alive on 3/29/42
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis, Pneumonia, bilateral

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (M. D. or other)

23. Signature [Signature] (M. D. or other)
Address 3917 Mission, Joplin, Mo. Date signed 3/30/42

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

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41
39
X29484

19
2
5

049
2
5

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11078

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH: Jasper
 (a) County Jasper
 (b) City or town Jasper
 (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. 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 _____

3. (a) PRINT FULL NAME Teresa P. Tucker
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____ Day _____
 year _____ hour _____ minute _____ M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____
 that I last saw him/her alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

7. Birth date of deceased Sept 1946
 (Month) (Day) (Year)
 8. AGE: Years 1 Months 6 Days 20
 If less than one day _____ min.

Due to Bronchial Pneumonia (no complications)
 Due to _____
 Other conditions _____ (include pregnancy within 3 months of death)

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

Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER
 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

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 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
 17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director _____ (b) Address _____
 19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature _____ (M. D. or other)
 Address _____ Date signed _____

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

SUPPLEMENTARY

S-11078 1942