

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 9 1942
40

Registration District No.

Primary Registration District No. 4503

Registrar's No. 49

103
1
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Stoddard

(b) City or town: Bernie, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 -
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard

(c) City or town: Bernie, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) FULL NAME: Sarah Alice Tucker

MEDICAL CERTIFICATION

3. (b) If veteran, name war:

20. DATE OF DEATH: Month Nov, day 30th, year 1942, hour 7:30, minute P., M.

3. (c) Social Security No.

21. I hereby certify that I attended the deceased from Nov 30th 42 to Nov 30th 42, 1942, that I last saw him alive on Nov 30 1942, and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

Immediate cause of death: Apoplexy

6. (b) Name of husband or wife: Tucker 6. (c) Age of husband or wife if alive: 81 years

Due to: High Blood Pressure

7. Birth date of deceased: Jan. 28 1871
(Month) (Day) (Year)

Due to:

8. AGE: Years 71 Months 10 Days 2 If less than one day hr. min.

Other conditions:

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

Major findings: 83a!

10. Usual occupation: Housewife

Of operations:

11. Industry or business:

Of autopsy:

12. Name: Thomas Wilkerson

22. If death was due to external causes, fill in the following:

13. Birthplace: Illinois
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify)

14. Maiden name: Sarah Ann Retford

(b) Date of occurrence

15. Birthplace: Ky
(City, town, or county) (State or foreign country)

(c) Where did injury occur?

16. (a) Informant: E. A. Tucker
(b) Address: Bernie Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 1, 1942
(Month) (Day) (Year)

23. Signature: D. P. ... (M.D. or other) Address: Dexter, Mo Date signed: 12/1/42

(c) Place: burial or cremation: Bernie Mo

While at work?

18. (a) Signature of funeral director: Bureau Funeral Home
(b) Address: Bernie Mo

(Specify type of place)

19. (a) 12-3-1942 (Date received local registrar) (b) Cardie Miller (Registrar's signature)

23. Signature: D. P. ... (M.D. or other) Address: Dexter, Mo Date signed: 12/1/42

RECEIVED

District Health Office No. 2

File Number 1242-15-48

Date Filed 12-8-47

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.....

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, fact should be so stated above.