

FILED JUL 20 1943
13

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 42

1. PLACE OF DEATH:

(a) County BARRY

(b) City or town MONETT
(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Monett
(If outside city or town limits, write "RURAL")

(d) Street No. 611 7th St
(If rural, give location)

(e) Citizen of foreign country? L (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM LEANDER TUCKER

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 702-07-1526

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife Mill Carey

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 1 Oct 16 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

36 7 26 hr. min.

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

10. Usual occupation RAILROAD ENGINEER

11. Industry or business _____

MOTHER FATHER { 12. Name FELIX TUCKER

13. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name ANNA WIMSATT
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Wm Tucker

(b) Address 611 7th St Monett

17. (a) Buried (b) Date thereof 6-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT GALVARY CEM.

18. (a) Signature of funeral director Balloway, FCC

(b) Address Monett Mo

19. (a) June 14 - 1943 (b) Audna Mullenboughly
(Date received from registrars) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
• year 1943 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar 13 1943, to June 18 1943
that I last saw him alive on June 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of left breast, confirmed by biopsy & confirmed from April 11 - 1943 to May 17 1943

Due to _____

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? _____

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

23. Signature A. S. Ferguson (M. D. or other) M.D.
Address Monett Mo Date signed 6-14-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 743-877

Date Filed JUL 19 1943

AUG 17 1943

JUL 26 1943

JAN 28 1945

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.....

Royal Callaway

Licensed Embalmer No. 2066

P. O. Address.....

Monett 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.