

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32118**

FILED SEP 25 1943

Registration District No. **289** Primary Registration District No. **3043** Registrar's No. **230**

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1805 Hope
(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 Marion

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

(d) Street No. 1605 Hope
(If rural, give location)

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

3. (a) PRINT FULL NAME Gordon L. Tucker

3. (b) If veteran, name war _____ **3. (c) Social Security** No. 490-07-6895

4. Sex Male **5. Color or** White **6. (a) Single, widowed, married,** divorced Married

6. (b) Name of husband or wife Hattie Ferguson **6. (c) Age of husband or wife if** 59 **years** alive

7. Birth date of deceased December 23, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>7</u>	<u>27</u>	_____ hr. _____ min.

9. Birthplace Pilot Point Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Worker

11. Industry or business Retired

12. Name Lenuel Tucker

13. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Annie Lyle

15. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gordon L. Tucker

(b) Address 1605 Hope

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 8/22/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Missouri

18. (a) Signature of funeral director W. M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 8-21-43 (Date received local registrar) **(b) R. W. Connor** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1943 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from 1941 to Aug 2 1943
that I last saw him alive on Aug 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion **Duration** 1 minute

Due to arterio sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 94a

Of operations _____

Of autopsy _____

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

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

(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** gun

23. Signature R. W. Connor (M. D. or other) **Date signed** 8-20-43

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

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

MOTHER FATHER

1146

STATEMENT BY LICENSED EMBALMER

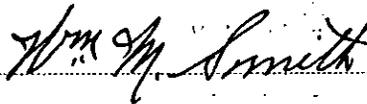
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

George T. Bond

Registered Apprentice No. 350

working under my personal supervision.

Signed



Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.