

FILED AUG 15 1944
St. Louis, Mo.

Registration District No. 233

Primary Registration District No. 3074

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(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) 1
(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 Scott 100
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL") 2
(d) Street No. Sunset Addition
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Leah Tucker

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

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased 9 13 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 9 15 hr. min.

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

MOTHER FATHER

10. Usual occupation _____

11. Industry or business Housework

12. Name Isaac Burns

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

14. Maiden name Marenda

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

16. (a) Informant Bertha Taylor

(b) Address Sikeston Mo.

17. (a) Burial (b) Date thereof 7/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston Mo.

19. (a) 8/6/44 (b) Louis Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from June 14
1944 to June 28 1944
that I last saw her alive on June 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death thrombosis
beronary

Due to hypertension

Due to _____

Other conditions 94a
(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?
(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature Noble R. Trish M. D. or other _____

Address 1381 Main St Date signed 7-3-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100
5
2

1318

RECEIVED

District Health Office No. 2

District File Number 844-1106

Date Filed 8-10-44

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.....

Embalmed.....

Registered Apprentice No.....

working under my personal supervision.

Signed

Hunter Albright

Licensed Embalmer No. 4210.....

P. O. Address Sikeston 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.