

S. No. 2
1-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14317
Registrar's No. 25

FILED MAY 14 1945
Registration District No. 275

Primary Registration District No. 4428

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

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town Richland
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
 (c) City or town Richland
 (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 Charles Albert Tucker
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nora Tucker 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased Jun 30 1884
 (Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 21 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Archie Tucker

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

14. Maiden name Margaret Reed

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

16. (a) Informant Nora Tucker

(b) Address Richland

17. (a) Burial, cremation, or removal Burial (b) Date thereof 2/22/45
 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R B Depee

(b) Address Richland Mo

19. (a) Date received local registrar April 1945 (b) Charles M. Old
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 45 hour 11 minute 9 M.

21. I hereby certify that I attended the deceased from Feb 20 1945 to Feb 20 1945
 that I last saw him alive on Feb 19 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
died suddenly in bed -
 Due to unknown

Due to unknown

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

Major findings: none
 Of operations _____
 Of autopsy no autopsy

Duration
1 minute

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?

23. Signature Orville A. Owen M.D.
 Address Richland Mo Date signed 2/20/45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *R. B. [Signature]*

Licensed Embalmer No. 3198

P. O. Address Rickland

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.

S. No. 2
M-8-43
7-5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 57

Registration District No. 290 Primary Registration District No. 4428

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Richland Mo.
(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 Mo. (b) County Pulaski
(c) City or town Richland Mo.
(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 Charles Albert Tucker
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (a) Single, (widowed, married, divorced) married
6. (b) Name of husband or wife Nora Tucker
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan 30 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 0 20 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Archib Tucker

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

14. Maiden name Annora Reed

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

16. (a) Informant Arch Tucker

(b) Address Richland Mo.

17. (a) Burial (b) Date thereof 2-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R. B. Deeper

(b) Address Richland Mo.

19. (a) 7-20-1945 (b) Charnice
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1945 hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from Feb 20 1945 to Feb 20 1945
that I last saw him alive on Feb 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure - 1 hour
Coronary occlusion 1 day

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy no

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? _____

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

23. Signature Overt A. Oliver (M. D. or D. O.)

Address Richland - Mo. Date signed 2-20-45

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

MOTHER FATHER

14317

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

R.B. Jeeper

Licensed Embalmer No.

3198

P. O. Address

Richland 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.

Not Embalmed