

FILED JUN 14 1945
157

505320 7219

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor, Mo.
(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 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor
(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) PRINT FULL NAME Jackie Harold Tucker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1945 hour _____ minute _____ M.

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

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

7. Birth date of deceased February 8, 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-19-45 to 4-19-45 1945
that I last saw him alive on 4-19-45 and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 2 Days 11 If less than one day
hr. _____ min. _____

Immediate cause of death
Sudden death cause not determined Duration _____

9. Birthplace Windsor, Missouri
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation child

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____

12. Name Hadley Tucker

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

14. Maiden name Fay Simmons

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

16. (a) Informant Hadley Tucker
(b) Address Windsor, Mo.

17. (a) burial (b) Date thereof 4-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.
Huston-Turner

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? _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) May 16 (b) Huston-Turner
(Date received at local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) _____
Address Windsor Date signed 4-20-45

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

19
010

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 9-43-662

Date Filed 6-19-49

Date Filed: _____

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 E. W. Hester

Licensed Embalmer No. 3391

P. O. Address: Windsor, 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.