

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla  
(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 years, months or days)

In this community 53 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

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

(d) Street No. 1108 Bishop Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Sherman Tucker

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

3. (c) Social Security No. 500-16-8215

4. Sex M Color or race W

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

6. (b) Name of husband or wife Blanche Tucker

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased JULY 9 1893  
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Minister

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Richard W. Tucker

13. Birthplace \_\_\_\_\_ (City, town, or county) Tenn (State or foreign country)

14. Maiden name Nancy Jane Sallee

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

16. (a) Informant Mrs. Blanche Tucker

(b) Address Rolla, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo

18. (a) Signature of funeral director Alfred Smith

(b) Address Rolla, Mo

19. (a) 1-2-47 (Date received local registrar) (b) Nadine L. Steele (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1946 hour 4:00 minute AM

21. I hereby certify that I attended the deceased from 12-26 1946 to 12-27 1946 that I last saw him alive on 12-26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 12 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94A

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 11

23. Signature E. E. Ferrell M.D. (M. D. or other)

Address Rolla Mo Date signed 12-30-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
40418

1947  
JAN 9

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**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 *J. H. Wallace*

Licensed Embalmer No. 93643

P. O. Address. Toluca, 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.**