S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 30000

Registrar's No. 1877

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution O Sullivans Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Mar. 1, 1947 (Specify whether
In this community Mar. 1-1947 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 72
(c) City or town Carton 6
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Zora Belle Tucker
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex Fe
5. Color or race WH.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James B. Tucker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 4th (Day) 1864 (Year)

8. AGE: Years 82 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Florence, Ala. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Johnson
15. Birthplace (City, town, or county) (State or foreign country) 7
16. (a) Informant Mrs Grace Tucker
(b) Address Ferguson, Mo Box 155
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Cemetery
18. (a) Signature of funeral director Al. H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) 9-4-47 (Date received local registrar) (b) Geo A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1947 hour 6 minute 45 P M.

21. I hereby certify that I attended the deceased from March 4, 1947 to Aug 31, 1947 that I last saw her alive on August 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of face — Duration 10 yrs

Due to 53

Due to

Other conditions Blind due to extension of Carcinoma
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature Lewis Littmann (M. D. or other) MD
Address 8231 Clayton Rd Date signed 9/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address.....

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.