

S. No. 2
DM-5-43
v. 5-17-39
P. I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39299

State File No. _____

FILED NOV 19 1947

Registration District No. 296

Primary Registration District No. 6017

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural, Camden Twnshp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles west of Camden /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 48 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rural, Camden Twnshp
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles west of Camden
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH MONROE TUCKER

3. (b) If veteran, name war Army 1920 3. (c) Social Security No. 495-05-9447

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Hardin Tucker 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased October 31, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>0</u>	<u>2</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER {

12. Name B. F. Tucker

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

14. Maiden name Mollie B. Blair
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ed. J. Carter
(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof Nov. 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point Cem, Orrick, Mo.

18. (a) Signature of funeral director Thurmond Funeral Home
(b) Address Richmond, Missouri

19. (a) 11/3/47 (b) Helen J. Larkin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
year 1947 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from 9-20-47, 19____ to 11-2-47, 19____;
that I last saw him alive on 11-2-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration _____

Due to Atherosclerosis -

Due to _____

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

Major findings:
Of operations _____
Of autopsy 9229

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 Effie F. Semmons (M.D. or other) P.O.
Address Orick, Mo Date signed 11-3-47

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

EMERALD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-14-47

NOV 20 1947

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, ~~of~~ _____

William L. Thurman _____, Registered Apprentice No. 65
working under my personal supervision.

Signed W. L. Thurman _____

Licensed Embalmer No. 2073 _____

P. O. Address Richmond, 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.