

No. 3906
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32777
Registrar's No. 8

Registration District No. 144

Primary Registration District No. 4234

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

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Fronton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys of the Ozarks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 77 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 mi. S.W. of Fredericktown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Sarah Alice Tucker

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

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

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

7. Birth date of deceased Feb. 17, 1871
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>77</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Pinkloy Staggs

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

14. Maiden name Maria Jane Pruitt

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

16. (a) Informant Sanford Tucker

(b) Address R.F.D. #1 Fredericktown, Mo.

17. (a) Rural (b) Date thereof 10-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Vine Cemetery

18. (a) Signature of funeral director Webb-Adamson

(b) Address Fredericktown, Mo.

19. (a) 11-3-48 (b) Arvis Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1948 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct. 25, 1948, to Oct. 27, 1948;
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 2 days

Due to Cerebral apoplexy 2 weeks

Due to Arteriosclerosis, general
atrial hypertension

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

Major findings:
Of operations g.B.W.
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 _____

23. Signature Ben W. Bull (M. D. or other) M.D.
Address Fronton, Mo. Date signed 10-29-48

RECEIVED

Health Officer No. 4

File Number 114-8-1

ed 11-8-48

27018 JUN

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 *Edward G. Lehmann Jr*

Licensed Embalmer No. 4567

P. O. Address *Fredricktown, N.J.*

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.