No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1948

Registration District No. 2948

Primary Registration District No. 5948

State File No. 55728

Registrar's No. 52

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

1. PLACE OF DEATH:
(a) County Pike
(b) City or town County Farm
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ashley Twp. Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82
(c) City or town Bowling Green Mo 10
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Happy C. Tucker
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male
5. Color or race Colored
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife Dont Known
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased July (Month) 7th (Day) 1861 (Year)

8. AGE: Years 87 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Pike Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Tucker
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)
16. (a) Informant Co. record 1
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 24 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Aire Cemetery Mo
18. (a) Signature of funeral director Grace Bowling
(b) Address Bowling Green Mo
19. (a) 10-30-48 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23 year 1948 hour 2 minute a M.
21. I hereby certify that I attended the deceased from March 1948 to 10-23 1948 that I last saw him alive on 10-10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency 6 mts
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 93 E
Of autopsy

Duration

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 Too
23. Signature J M Mathews (M. D. or other)
Address Bowling Green Mo Date signed 10-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-1895
Date Filed NOV 5 1948

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~~ not .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

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.