. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 39441

FILED JAN 3 1949

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 1386

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or ~~town~~ St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 8 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or ~~town~~ Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4147 Virginia St 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME GEORGE ERNEST TUCKER.

3. (b) If veteran, name war ✓✓

3. (c) Social Security No. ✓✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of ~~husband or~~ wife Mrs. Frances Tucker

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

7. Birth date of deceased 8 (Month) 9 (Day) 1874 (Year)

8. AGE: Years 74 Months 4 Days 15. If less than one day ..... hr. ..... min.

9. Birthplace Eureka (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Newspaper Publisher.

11. Industry or business Newspaper Work.

FATHER
12. Name Edwin Tucker 1
13. Birthplace unknown (City, town, or county) Vermont (State or foreign country)

MOTHER
14. Maiden name Amelia Willia.
15. Birthplace unknown (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Mrs. Frances Tucker
(b) Address 4147 Virginia Kansas City Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12 (Month) 22 (Day) 48 (Year)
(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director D. W. Newcomer Sons
(b) Address 1401 Brush Creek Blvd Kansas City, Mo

19. (a) 12-29-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3X2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1948 hour 6 minute 15A M.

21. I hereby certify that I attended the deceased from 12-22-, 1948, to 12-24-, 1948;
that I last saw him alive on 12-23-, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: chronic arteriosclerotic Kidney | 15 years. |
| Due to Plumbism | 30 years. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy 1310

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 J. H. Morroway (M. D. ~~or other~~)
Address State Hospital No. 2 Date signed 12-24-48.
St Joseph Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1949

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 Jess T. Deus

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.