

U. S. No. 2
OM-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33554**

FILED NOV 5 1942
Registration District No. _____

Primary Registration District No. **3016**

Registrar's No. **240**

26
5
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Cole**
(b) City or town **Jefferson City**
(c) Name of hospital or institution: **901 - E - Capital 1**
(d) Length of stay: _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cole**
(c) City or town **Jefferson City**
(d) Street No. **901 - E - Capital**
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **James Tucker**
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **25** year **1942** hour **2** minute **A** M.
21. I hereby certify that I attended the deceased from **10/23/42** 19____ to **10/25/42** 19____; that I last saw him alive on **10/23/42** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married **Widowed**
7. Birth date of deceased **April 1 1856**
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerosis**
Due to _____
Due to **97**
Other conditions _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years **86** Months **7** Days **24** If less than one day _____ hr. _____ min.
9. Birthplace **St. Clair County Mo.**
10. Usual occupation **Concrete Worker**

MOTHER FATHER
11. Industry or business _____
12. Name **Isaac Tucker**
13. Birthplace **Unknown**
14. Maiden name **Norma**
15. Birthplace **Unknown**
16. (a) Informant **Mrs. W. M. Woodford**
(b) Address **901 - E - Capital**
17. (a) **Burial** (b) Date thereof **10-26-42**
(c) Place: burial or cremation **California, Mo.**
18. (a) Signature of funeral director **James Swine**
(b) Address **700 1/2 Main**
19. (a) **10-26-42** (b) **Norma Richter**
(Date received local registrar) (Registrar's signature)

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? _____
(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 **Robert Taylor** M.D. or other _____
Address **Jefferson City Mo.** Date signed **10/26/42**

894 (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.....
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.