

1. PLACE OF DEATH:

(a) County. Moniteau County
(b) City or town. California, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 14 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Morrison Tucker

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

5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
4. Sex Female
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Oct. 12, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 11 18 hr. / min.

9. Birthplace. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. John Morrison
13. Birthplace. Penn.
(City, town, or county) (State or foreign country)
14. Maiden name. Mary Margret Falls
15. Birthplace. Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant. Jen Morrison
(b) Address. California, Mo.
17. (a) Burial (b) Date thereof. 10-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Burke Cemetery

18. (a) Signature of funeral director. WILLIAMS FUNERAL HOME
(b) Address. California, Mo.

19. (a) 10-1-48 (b) H R Pofagoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Moniteau
(c) City or town. California
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1948 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 15 to 9-30 1948
that I last saw her alive on 9-29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic myocarditis
Duration 2 years

Due to Generalized arteriosclerosis 10 years

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

Major findings: Of operations. 9/20
Of autopsy.

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? HOME
(Specify type of place)
(e) Means of injury. 11

23. Signature Kenyon Latham (M. D. or other) 10-1-48
Address. California, Mo. Date signed. 10-1-48

Date Filed OCT 8 1948
District File Number 84613

District Health Officer No. 9,

RECEIVED

NOV 13 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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3537

P. O. Address California 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.