

FILED SEP 13 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26265**  
Registrar's No. **70**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **0787**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Allenville Mo</b>		c. LENGTH OF STAY (In this place) <b>Hubble</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Allenville Mo. Hubble</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Allenville Mo.</b>			d. STREET ADDRESS (If rural, give location) <b>0190</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Franklin</b> b. (Middle) <b>John</b> c. (Last) <b>Tacke</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 2 1950</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 22 1869</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Arnsberg MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Adolph Tacke</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Milster</b>	14. NAME OF HUSBAND OR WIFE <b>Hester Below Tacke.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs F J Tacke</b> ADDRESS <b>Allenville Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4222</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis old age</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 10, 1950** to **Sept 2, 1950** that I last saw the deceased alive on **Sept 2, 1950**, and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. DAYAU ET AL</b> (Degree or title)	23b. ADDRESS <b>St. Louis Mo</b>	23c. DATE SIGNED <b>9/5/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 6 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zeion M E Cematory</b>	24d. LOCATION (City, town, or county) (State) <b>Old Appleton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept 5-50</b>	REGISTRAR'S SIGNATURE <b>A. G. Libbert</b> 43	25. FUNERAL DIRECTOR'S SIGNATURE <b>McLomb Starnes</b> ADDRESS <b>Jackson Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 19 1950

DEPT HEALTH OFFICE NO.

The No. ....

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.