

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24451

Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw. Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. St. Mary's Hospital Registered No. 2956
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Stuckert
 (a) Residence, No. 4154 State Line St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1938

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day** or **10 min.**
 0 0 0 2 hrs. 10 min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

FATHER
 13. NAME Robert Stuckert
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
 15. MAIDEN NAME Nola Schilling
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia, Missouri

17. INFORMANT Robert Stuckert
 (ADDRESS) 4154 State Line

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Floral Hills Ceme DATE July 23, 1938

19. FUNERAL DIRECTOR (NAME) Bentley Mortuary.
 (ADDRESS) 5811 Troost Avenue.

20. FILED July 23, 1938 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938 to July 22, 1938
 I last saw him alive on July 22, 1938. Death is said to have occurred on the date stated above, at 12:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis - Absence of half of Diaphragm - Liver, small intestine in chest - Right lung - absent. Date of onset 1918

Other contributory causes of importance:

Name of operation None Date of Autopsy
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Argue H. Ferris
 (Signed) Argue H. Ferris
 (Address) 933 Prof Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1821 W. 50th St.
Dr. E. Ferguson

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, above space should be left blank.