

REC'D MAR 15 1939

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

8110
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 61
(c) City Meruda (d) Street No. State Hospital #3 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

320 Henry Sylvester Stuckey
(a) Residence, No. Route I Moundville Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1874

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
67 6 82

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Construction

9. Industry or business in which work was done, as saw mill, bank, etc. UNKNOWN

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O.Hio

13. NAME John Stuckey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O.Hio

15. MAIDEN NAME Julia Ann Hummel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Deafuneral Home DATE Feb. 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glenns Funeral Service Nevada Mo

20. FILED 2-27 1939 Allen Edwards Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1939, to Feb 25 1939

I last saw h. 17m alive on 2-25 1939. Death is said to have occurred on the date stated above, at 1045Pm.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset ?

Other contributory causes of importance: Pulmonary edema (Hypostatic) ?

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) James C. Long M. D.

(Address) State Hospital Nevada

MISSOURI STATE BOARD OF HEALTH
DIVISION OF PUBLIC HEALTH
DEPARTMENT OF HEALTH

RECEIVED
District Health Office
District File Number 7-
Date Filed 3-8-

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.