

REC'D SEP 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29668

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township Marion Primary Registration District No. 3029 Registered No. 237  
 (c) City Hannibal (d) Street No. Levering Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Daughter of Lloyd & Iva Shuck  
 (a) Residence, No. \_\_\_\_\_ 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 Female 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) Aug. 14, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0

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

12. BIRTHPLACE (CITY OR TOWN) Hannibal; Mo (STATE OR COUNTRY)

FATHER 13. NAME Lloyd Shuck

14. BIRTHPLACE (CITY OR TOWN) Ralls Co (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Iva Dale Hoover

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) IOWA

17. INFORMANT (ADDRESS) Son of Shuck  
Alumington Mo 6740

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe City Mo DATE Aug. 15 1939

19. FUNERAL DIRECTOR (NAME) Wilson & Son (ADDRESS) Monroe City; M

20. FILED Aug. 16 1939 W. J. Hoover Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1939 to Aug. 14, 1939  
 I first saw him live on Aug. 14, 1939. Death is said to have occurred on the date stated above, at 2 A. m.  
 The principal cause of death and related causes of importance were as follows:

Probable to the immediate cause of death was a fall from a ladder while engaged in making a delivery.  
 Date of onset Aug. 14, 1939

Other contributory causes of importance: Challenged labor due to impudently contracted release from cerebral arteriosclerosis.  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chinick Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or other \_\_\_\_\_ Date of injury \_\_\_\_\_ 1939  
 Where did injury occur? at home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Residing at home  
 Manner of injury fall from ladder  
 Nature of injury fracture of the skull and chest

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Hoover, M.D.  
 (Address) Monroe City, Mo.

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.

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**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.**