No. 2
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17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17665

DEC JUN 17 1940

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2192

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1805 Kansas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 16 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1805 Kansas
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lydia B. Stucker 326

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe.

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Jacob C. Stucker

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 3 (Day) 1866 (Year)

8. AGE: Years 73 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Jos. W. Starr
13. Birthplace Richmond (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Lydia M. Burr
15. Birthplace Cleaves (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Fred Starr
(b) Address Cedar Falls, Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood, K.C. Mo.

19. (a) May 28, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 5-26-40
year hour minute M.

21. I hereby certify that I attended the deceased from 1:00 P. to , 19 ;
that Deputy Coroner alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema
Due Hypertrophy of the heart
Due Coronary sclerosis 9.503

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Victor M. Brahm (M. D. or other)
Address K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Chas W Elks

Licensed Embalmer No. 2644

P. O. Address 1800 Pinewood

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.