

FILED JUL 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20951

S. No. 2  
-11-10-39  
5-17-39  
PI X21492

Registration District No. 399

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. 2568

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community 4 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 331 Cypress  
(If rural, give location)

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

3. (a) PRINT FULL NAME John W. Stucker 326

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex M

5. Color or race W

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

(b) Name of husband or wife Bunnie B. Stucker

(c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 16th, 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/30, 1940 to 6/22, 1940  
that I last saw him alive on 6/22, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 3 7 hr. \_\_\_\_\_ min.

Immediate cause of death Cancer sigmoid 46  
Duration 8 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions acute nephritis 1 wk  
(Include pregnancy within 5 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Carpenter

11. Industry or business Self

12. Name James A. Stucker

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Daley

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mona Knappenberger

(b) Address 331 Cypress, K.C. Mo.

17. (a) Burial (b) Date thereof June 25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dewitt, Mo.

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd, K.C. Mo.

19. (a) June 24, 1940 M. M. Groom  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations None

Of autopsy not done

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury !

23. Signature J. K. Keenan (M. D. or other) \_\_\_\_\_  
Address 907 Rialto Date signed 6/24/40

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

Dr. James A. Tesson.

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: A. D. Blackman

Licensed Embalmer No. 3639

P. O. Address: K. C. 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, above space should be left blank.