S. No. 2
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FILED JAN 20 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43045

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 162

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) ~~City or town~~ Mt Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 2 days (Specify whether
In this community 1 mo 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Charles
(c) City or town Wentzville Mo
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clarence Schuckenbrock
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 25 (Day) 1914 (Year)

8. AGE: Years 26 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Silex (City, town, or county) Mo (State or foreign country)
10. Usual occupation farming
11. Industry or business farm
FATHER
12. Name John Schuckenbrock
13. Birthplace Carrolton (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Bessie Meuth
15. Birthplace Silex (City, town, or county) Mo (State or foreign country)
16. (a) Informant Ethel McMichael Record Clerk
(b) Address Mo State San Mt Vernon Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville Mo
18. (a) Signature of funeral director H V Fossett
(b) Address Mt Vernon Mo
19. (a) 12-25-1940 (Date received local registrar) (b) R A Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24 year 1940 hour 7 minute 45 P M.
21. I hereby certify that I attended the deceased from 11-23, 1940, to 12-24, 1940 that I last saw him alive on 12-24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 J A Stacker (M. D. or other)
Address Mt Vernon Mo Date signed 12-24-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 141-61
Date Filed JAN 9 1941

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 May Fossett, Registered Apprentice No. 268 working under my personal supervision.

Signed H D Fossett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon, 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.