

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **11351**

Registration District No. **547**

Primary Registration District No. **3029**

Registrar's No. **82**

1. PLACE OF DEATH:  
 (a) County **Marion**  
 (b) City or town **Hannibal**  
 (c) Name of hospital or institution: **Levering Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Marion**  
 (c) City or town **Hannibal**  
 (d) Street No. **909 Union**  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Ella Lee Shuck**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **March** day **8**  
 year **1941** hour **2** minute **10 P.** M.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **John Shuck**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **July 6 1866**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov-7-41**  
 to **Nov-8-41**, 19\_\_\_\_\_  
 that I last saw her alive on **Nov 8-41**, 19\_\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Chronic myocarditis** Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>9</b>	<b>2</b>	hr. _____ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **Influenza**  
 (Include pregnancy within \_\_\_\_\_ months of death)

9. Birthplace **Marion County Missouri**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **House wife**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **sd**

11. Industry or business \_\_\_\_\_  
 12. Name **John W. Duple**  
 13. Birthplace **Pennsylvania**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mary Jane McCullough**  
 15. Birthplace **Ireland**  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Wray Duple**  
 (b) Address **Quincy Illinois**  
 17. (a) **Burial** (b) Date thereof **3/10/41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Mount Olivet**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Crawford Smith**  
 (b) Address **902 Broadway**  
 19. (a) **March 10, 1941** (b) **H. C. Fisher**  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature **A. B. Blue** (M. D. or other) **11**  
 Address **Hannibal Mo** Date signed **2/14/41**

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

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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.....

*James A. Moles*

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

**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, fact should be so stated above.**