

2
0-39
-39
121492

FILED SEP 11 1941

Registration District No. **290**

Primary Registration District No. **4-2-48-57880**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County Montgomery Co.

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

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

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

In this community 53-3-20
years, months or days

3. (a) PRINT FULL NAME Louis H. Stuecken.

3. (b) If veteran, name war XX

8. (c) Social Security No. XX

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Dollie Stuecken,

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 2nd 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Big Spring, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William Stuecken,

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

14. Maiden name Emma Koch,

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Arnet Stuecken,

(b) Address McKittrick, Mo. RFD

17. (a) Burial (b) Date thereof Aug 24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Spring, Mo.

18. (a) Signature of funeral director Arnet Stuecken

(b) Address Americus, Mo.

19. (a) Aug 24 1941 (b) Blanche Scholten
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery.

(c) City or town Big Spring, 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.? XX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd.
year 1941. hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sudden
Death 19__ to ____, 19__;

that I last saw him alive on _____, 19__;

and that death occurred on the date and hour stated above.

Immediate cause of death STRUCK BY LIGHTNING

Duration 1 min.

Due to _____

Due to _____

Other conditions BROKEN NOSE & BLOOD
(Include pregnancy within 3 months of death)

FROM NOSE AND MOUTH.

Major findings: _____

Of operations NONE

Of autopsy NONE

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) ACCIDENT.

(b) Date of occurrence August 22, 1941.

(c) Where did injury occur? BIG SPRINGS, MONTGOMERY, MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
IN YARD OF HOME NEAR PORCH.
While at work? Coming from (Specify type of place) (e) Means of injury Lightning.

23. Signature Ray Means (M.-D. or other) Coroner
Address Jonestown, Mo. Date signed 8/23/41.

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

SEP 19 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 _____

D. B. Baker,

Registered Apprentice No. _____

working under my personal supervision.

Signed

D B Baker

Licensed Embalmer No. 3375

P.O. Address Americus, 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.