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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6002
Registrar's No. 119

Registration District No. 85
Primary Registration District No. 1001

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST-JOSEPH City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NURSING HOME 2018 FRANCIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 DAYS (Specify whether
In this community ABT-7-YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUCHANAN
(c) City or town ST-JOSEPH.
(If outside city or town limits, write "RURAL")
(d) Street No. 4205 ST-JOSEPH-AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CHARLES-S-SHUCK
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Amina
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Apr 12 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Elba Center, Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name Geo. W. Shuck
13. Birthplace Ind
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Butt
15. Birthplace Virginia
(City, town, or county) (State or foreign country)
16. (a) Informant Harrison G. Shuck
(b) Address R.R. No. 3 St Joseph MO
17. (a) Removal (b) Date thereof Feb 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Summerfield, Kans.
18. (a) Signature of funeral director Roy Stamey
(b) Address St Joseph MO
19. (a) 2-4-1942 (b) A. Westbrush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
year 1942 hour 10 minute A M.
21. I hereby certify that I attended the deceased from Jan 1st, 1946, to Feb 3, 1942
that I last saw him alive on Jan. 28, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	10 days
Due to High blood pressure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
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 Leroi Beck (M. D. or other) NO
Address King Hill Bldg. Date signed 2/3/42

85 (Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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..... John Roy Stamey

Licensed Embalmer No. 2435

P. O. Address St Joseph 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, fact should be so stated above.