

FILED NOV 14 1942 34

Registration District No.

Primary Registration District No.

58165815

Registrar's No. 29

1. PLACE OF DEATH:

(a) County: MORGAN

(b) City or town: HAWCREEK JWP RURAL
(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.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: MORGAN

(c) City or town: RURAL
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: HENRY STUCKER

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: OCT day: 15th
year: 1942 hour: 2 minute: 40 A.M.

21. I hereby certify that I attended the deceased from: Oct 7
1942 to: Oct 10 1942
that I last saw him alive on: Oct 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza
Duration: 1 1/2 days

4. Sex: MALE 5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: META STUCKER

6. (c) Age of husband or wife if alive: 28 years (Day) (Year)

7. Birth date of deceased: MARCH 28 1858
(Month) (Day) (Year)

8. AGE: Years: 84 Months: 6 Days: 17 If less than one day: hr. min.

9. Birthplace: MORGAN Co. MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business:

MOTHER FATHER { 12. Name: CHRIS STUCKER

13. Birthplace: UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name: UNKNOWN 9

15. Birthplace: UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant: AUGUST NOHTING

(b) Address: STOVER MO.

17. (a) BURIAL (b) Date thereof: OCT 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: NOHTING CEM.

18. (a) Signature of funeral director: Rapp-Stevenson
(b) Address: Stover Mo.

19. (a) Oct 19-42 (b) Henry Kisp
(Date received local registrar) (Registrar's signature)

Other conditions: (Include pregnancy within 3 months of death)

530

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? ✓

While at work? ✓ (Specify type of place)

(e) Means of injury: ✓

23. Signature: Chas A West (M. D. or other)
Address: Stover MO Date signed: Oct 16 42

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

71
00

RECEIVED

District Health Officer No. 76

District File Number 11-42-1247

Date Filed 11-13-41

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

Jewell Stevenson

Licensed Embalmer No. 4073

P. O. Address *Storer 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.