S. No. 2
—9-4-41
5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1943

Registration District No. 113

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21289

State File No.

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36 5 0

(c) City or town Union
(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 0

3. (a) PRINT FULL NAME Henry Stuckenschneider

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Josephine Stuckenschneieder

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January (Month) 6 (Day) 1879 (Year)

8. AGE: Years 64 Months 5 Days 5 If less than one day — hr. min.

9. Birthplace Richfoutton, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Tavern Operator

11. Industry or business —

FATHER
12. Name Conrad Stuckenschneider
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Anna Rehagen
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Josephine Stuckenschneider
(b) Address Union, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 14 (Day) 1943 (Year)
(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director Wm H. Horn
(b) Address Union, Mo.

19. (a) 6/14-43 (Date received local registrar) (b) Conrad A Rieger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from Feb 1st 1943 to June 6 1943
that I last saw him alive on June 6 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	15 min
Due to Arteriosclerotic heart disease	6 yrs
Due to Diabetes Melitis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

61

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 B. G. Stuckman (M. D. or other) M.D.
Address Union, Mo Date signed 6-13-43

1119

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 19

APR 17 1945

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.....

Licensed Embalmer No. 3675

P. O. Address. Union 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.