7. S. No. 2
OM—5-42
7. 5-17-39
I X328

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24244

FILED AUG 13 1943

Registration District No. 4 1 2 0

Primary Registration District No. 3002

Registrar's No. 101

1. PLACE OF DEATH:

(a) County: Audrain

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

(c) Name of hospital or institution:
900 Block of W. Blvd. Mexico, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): 2 months

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Audrain

(c) City or town: Mexico
(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: Lee Shuck, Jr.

3. (b) If veteran, name war: No

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: ~~Aug.~~ March 30, 1926 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
17	3	5	hr. min.

9. Birthplace: Audrain County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Helper Poltry Produce House

11. Industry or business:

FATHER
12. Name: Lee Shuck
13. Birthplace: Audrain Co., Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah E. Ward
15. Birthplace: Monroe Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Lee Shuck, Sr.
(b) Address: R. #1 Centralia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethelehem Cemetery

18. (a) Signature of funeral director: Chas Arnold
(b) Address: Mexico, Mo.

19. (a) July 7 - 1943 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day July year 1943 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Jury Verdict: "The deceased came to his death by a felonious act, by being struck by a car driven by LeRoy Smith who was operating it in a careless and reckless manner while under the influence of liquor"

Duration

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

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): 004

(b) Date of occurrence: 7/5/43

(c) Where did injury occur? Mexico (City or town) Audrain (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury: Hit by Auto

23. Signature: Ray Burton, Coroner (M. D. or other)

Address: Mexico, Mo Date signed: 7/6/43

1076

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1376
Date Filed AUG 11 1943

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 Clevis Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.