

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35184

Do not use this space.

FILED NOV 5 1943

1. PLACE OF DEATH

(a) County Macon Registration District No. 203

(b) Township Independant Primary Registration District No. 5734

(c) City Atlanta R.R. (d) Street No. _____ St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Henry Stuck

(a) Residence, No. Renick St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 0 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (NAME OF) Florence Stuck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

78 0 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. miner

9. Industry or business in which work was done, as saw mill, bank, etc. Coal mine

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Penn.

FATHER

13. NAME Thomas Stuck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

MOTHER

15. MAIDEN NAME Margaret Willow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

17. INFORMANT (ADDRESS) Emma R. Downey Atlanta, Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eads Chapel DATE 10/28/1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred A. Thompson Madison, Mo.

20. FILED Nov 5 1943 Mrs. A. L. Carver Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26/1943

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1943, to Oct 26 1943

I last saw him alive on Oct 23 1943 Death is said to have occurred on the date stated above, at 4:20 pm Oct 26-1943

The principal cause of death and related causes of importance were as follows:

Arterial disease of the heart

Date of onset _____

Other contributory causes of importance: 92

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. C. Dyda

(Address) Atlanta, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 11-43-1724

Date Filed NOV 3 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... Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Madison, Missou

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.