

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43911

State File No. _____

FILED JAN 12 1944
Registration District No. 43911

Primary Registration District No. 3072

Registrar's No. 231

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
802 Nth. English
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 17 Years
years, months or days)

3. (a) PRINT FULL NAME Edwin Henry Kueker

3. (b) If veteran, name war #

3. (c) Social Security No. 487-09-7439

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nellie May Mayse

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased July 29 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 4 17 _____ hr. _____ min.

9. Birthplace Sweet Springs Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Factory

11. Industry or business Finishing Dep't.

MOTHER FATHER { 12. Name Martin Kueker

13. Birthplace Sweet Springs Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Marie Jansen

15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Taylor Mayse

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 12/18/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset M. Gardens

18. (a) Signature of funeral director J. Leslie Sussney

(b) Address Marshall, Mo.

19. (a) 12-17-43 (b) Mot. O. Westbrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. 802 Nth. English
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1943 hour 6 minute 30 AM.

21. I hereby certify that I attended the deceased from field
inquest Dec 16 1943
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy ju

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) Suicide

(b) Date of occurrence Dec. 16, 1943

(c) Where did injury occur Marshall, Saline Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? _____ (Specify type of place)

(e) Means of injury Saline Car

23. Signature P. Lawless Cronin (M. D. or other) _____

Address Marshall Mo. Date signed 12-16-43

DEC 2 1949

JAN 18 1944

RECEIVED
District Health Officer, No. 8,
District File Number _____
Also Filed 170-44

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 J. Leslie Surrency
Licensed Embalmer No. 3235

P. O. Address Marshall, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Jan.*

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County *Saline*
(b) City or town *Marshall*
(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)

3. (a) PRINT FULL NAME *Edwin H. Kueker*

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex *m* 5. Color or race *W* 6. (a) Single, widowed, married, divorced. _____

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive. _____ Year

7. Birth date of deceased. *July 29 1905*
(Month) (Day) (Year)

8. AGE: Years *40* Months *4* Days *20* (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country)

14. Maiden name _____ (State or foreign country)
15. Birthplace (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec* Day *16* Year *1943* Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: *Shot himself with 16 gauge shot gun and died after stepping on his gun*
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) *Suicide*

(b) Date of occurrence *Dec. 16, 1943*

(c) Where did injury occur? *Marshall Saline Mo.*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? *In his home, bed room*

While at work? *no* (Specify type of place) (e) Means of injury *Shot gun*

23. Signature *P. L. Lawless, Promer* (M. D. or other) _____

Address *Marshall Mo.* Date signed *1-19-44*

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

SUPPLEMENTARY

S-43911