V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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

5431

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1946

State File No. 6473

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 11 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

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

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

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Jacob Stucky

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 widowed 2

6. (b) Name of husband or wife ____

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

7. Birth date of deceased June (Month) 24 (Day) 1860 (Year)

8. AGE: Years 85 Months 7 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation carpenter.

11. Industry or business ____

FATHER
12. Name Jacob Stucky
13. Birthplace ____ (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Susan Tedrin
15. Birthplace ____ (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant J. Bieding
(b) Address 1120 Center, Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown, Mo.

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing Mo

19. (a) 1-30-46 (Date received local registrar) (b) Dr. E. M. Lucke 140 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1946 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 19, 1946, to Jan 30, 1946 that I last saw him alive on 1-30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nephritis	1 yr
Due to: with uremia	10 days
Due to: —	
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) ____

(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 — 0

23. Signature Howard Sudrick (M. D. or other) MD

Address Hannibal Mo Date signed 1-30-46

(Licensed Embalmer's Statement on Reverse Side)

1945 - 1 - 30
1860 - 6 - 24
85 - 7 - 6

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 Thomas Ball

Licensed Embalmer No. 1794

P. O. Address Ewing 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, above space should be left blank.