S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22500

Registration District No. 323 Primary Registration District No. 6091 Registrar's No. 70

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

1. PLACE OF DEATH:
(a) County SALINE Co
(b) City or town RURAL Salt Pond Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)
In this community 76 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County SALINE 97
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. 2 mi EAST SWEET Spg S. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY KUECKER
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LENA KUECKER
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased JAN (Month) 7. (Day) 1870 (Year)
8. AGE: Years 76 Months 5 Days 29 If less than one day hr. min.
9. Birthplace SALINE Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation FARMER
11. Industry or business TILLER of Soil
MOTHER FATHER
12. Name AUGUST KUECKER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name JOHANA STEINKUHLER
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lena Kuecker
(b) Address Sweet Springs Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 30-46 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW CEMETERY
18. (a) Signature of funeral director R. C. Carter
(b) Address Sweet Springs Mo
19. (a) 6/29/46 (Date received local registrar) (b) Daly Andrews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27th year 1946 hour 10 minute 33 P.M.
21. I hereby certify that I attended the deceased from 6-14 1946 to 6-27 1946
that I last saw h. alive on 6-27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Pneumonia	10 hrs
Due to Cerebral accident	4 days
Due to Arterio Sclerosis	7
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 2
23. Signature J. H. Hale D.O. (M. D. or other)
Address Sweet Springs Date signed 6-29 1946

293 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-3-46

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: [illegible]

Licensed Embalmer No. 3513

P. O. Address [illegible] Md.

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.