

FILED JUL 29 1946

Registration District No. 189

Primary Registration District No. 4303

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Mooreville
(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 67 years.
years, months or days

3. (a) PRINT FULL NAME Millie Stuckey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Stuckey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 2 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	8	24	hr. _____ min.

9. Birthplace Sparta Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Montgomery Di Brell

{ 13. Birthplace Sparta Tennessee
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Eastland

{ 15. Birthplace Sparta Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Bingham

(b) Address Mooreville, Missouri

17. (a) Burial (b) Date thereof 6-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mooreville Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) 6-28-46 (b) Kathleen Potts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston ⁵⁹

(c) City or town Mooreville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1946 hour 12 minute 40 P.A.M.

21. I hereby certify that I attended the deceased from June 12 1946 to June 26 1946
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis
Pneumonia 2 wks.

Due to unknown

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Emogene (M. D. or other) _____
Address Chillicothe, Mo Date signed 6/27-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

.....Elton F. Norman....., Registered Apprentice No.....
working under my personal supervision.

Signed.....Elton F. Norman.....

Licensed Embalmer No.....4036.....

P. O. Address: Chillicothe, 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.