S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37854

Registration District No. 260 Primary Registration District No. 4391 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Argyle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(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 91 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage 76
(c) City or town Argyle
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Conrad Stuckenschneider
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 Widow
6. (b) Name of husband or wife Christene Schawecker
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased May 5th, 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
91	6	8	hr. min.

9. Birthplace Osage County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business Self

MOTHER FATHER
12. Name Herman Stuckenschneider
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Evers
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Hos Wolfe
(b) Address Argyle, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation Argyle, Mo.
18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.
19. (a) 11-14-46 (Date received local registrar) (b) Mrs. H. H. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13th, year 1946 hour 1 minute - a M.
21. I hereby certify that I attended the deceased from Sept 15, 1946 to Oct 24, 1946 that I last saw him alive on Oct 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Carcinoma	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 4 6 B	
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 W. H. Moore D.O. (M.D. or other)
Address Argyle Date signed 11-14-46

234 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11/18/46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.