

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18440**  
Registrar's No. **19**

Registration District No. **295** Primary Registration District No. **4448**

1. PLACE OF DEATH:  
(a) County **Randolph**  
(b) City or town **Huntsville**  
(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. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Randolph** **88**  
(c) City or town **Huntsville** **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Depot Street** **6**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Joseph Washington Stuck**  
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 **Love Ethel stuck** 6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **July 14 1867**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **15** If less than one day hr. min.

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

10. Usual occupation **farmer**

11. Industry or business

12. Name **Thomas Stuck**

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

14. Maiden name **Margaret willar**

15. Birthplace **Pennsylvania** (City, town, or county) (State or foreign country)

16. (a) Informant **Alfred Stuck**

(b) Address **Moberly, Missouri**

17. (a) **burial** (b) Date thereof **6/1/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Huntsville, Missouri**

18. (a) Signature of funeral director **Tom B Patton**  
(b) Address **Huntsville, Mo**

19. (a) **may 31 1947** (b) **W.A. Cornhart**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**  
year **1947** hour **5:00 P.M.** minute **M.**

21. I hereby certify that I attended the deceased from **March 21**, 19**47** to **May 29**, 19**47**  
that I last saw him alive on **May 29** **4 A.M.**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the stomach**  
Due to **Probably 3 or 4 yrs.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1/6**

Of autopsy

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 plant or industry) (e) Manner of injury

23. Signature **George M. Guelman D.O.**  
Address **I.o.a.f. Bldg. Huntsville** Date signed **5/31/47**

Duration  
Probably 3 or 4 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 10  
District File Number 6-47-939  
Date Filed JUN - 3 1947

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.