

S. No. 2
1-12-45
5-17-39
X47079

FILED AUG 5 1947

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
2608 E. 10th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 60 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2608 E. 10th. 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Gaylord Stucker

3. (b) If veteran, name war NO

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15
year 1947 hour 1:00 minute 0 M.

21. I hereby certify that I attended the deceased from home 19____ to _____ 19____

that I last saw h. _____ alive on _____ 19____

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cora

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November 10 1882
(Month) (Day) (Year)

Immediate cause of death _____

Due to Coronary Insufficiency

Due to return

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

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>8</u>	<u>5</u>	hr. _____ min. _____

Major findings: Of operations _____

Of autopsy no
fracture & impaction

9. Birthplace De Witt Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business K. C. Street Repair

12. Name W.H. Stucker 7

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Stucker

(b) Address 2608 E. 10th.

17. (a) Burial (b) Date thereof July 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Witt, Missouri

18. (a) Signature of funeral director C.H. Blackman & Son Inc.

(b) Address Kansas City Mo.

19. (a) 7-17-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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 James Walker (M. D. or other) _____

Address 1424 24th Date signed 7-17-47

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

MOTHER FATHER

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 O.K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.