G. 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 4 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35380

Registration District No. 294 | Primary Registration District No. 6006 | Registrar's No. 241

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Rural Cairo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #1 Cairo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: Entire Life

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

3. (a) PRINT FULL NAME: ARVIE HARRISON STUCK
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Fannie Lee Stuck
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) - 19 (Day) - 1874 (Year)

8. AGE: Years 73 | Months 7 | Days 4 | If less than one day: hr. min.

9. Birthplace: Randolph Co. (City, town, or county) MO. (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER 12. Name: Thomas Stuck
13. Birthplace: Penn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Margaret Weller
15. Birthplace: Penn (City, town, or county) (State or foreign country)
16. (a) Informant: Floyd Stuck
(b) Address: RFD #1 Cairo MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 25 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Eado Chapel Cemetery
18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Moberly Missouri
19. (a) Oct 25-47 (Date received local registrar) (b) Neal Wiseman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd year 1947 hour 7 minute 05 P.M.
21. I hereby certify that I attended the deceased from April 1946, to Oct 23 1947; that I last saw him alive on 23 Oct 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive heart failure	12 Mo.
Due to hypertension	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings: Of operations: none
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: 21

23. Signature: John S. Hydrick (M. D. or other) MD
Address: Cairo Date signed: 25 Oct 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File Number 11-47-1496
Date Filed NOV - 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 C. L. Hutton, Registered Apprentice No. 10, working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.