

No. 2  
5-43  
17-39  
X36671

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

FILED DEC 6 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1273

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1623 Paris, Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11  
(c) City or town St. Joseph 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1623 Paris, Ave. 7  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard Henry Kuck

3. (b) If veteran, name war No 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 Dora Alice 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased June 10, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 5 9 hr. \_\_\_\_\_ min.

9. Birthplace Oldenburg Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business C.B. & Q Railroad

12. Name Henry Kuck

13. Birthplace Unk Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Leno Winters

15. Birthplace Unk Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank R. Kuck

(b) Address 1623 Paris-St. Joseph, Mo.  
Removal (b) Date thereof 11-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Craig, Missouri

18. (a) Signature of funeral director St. Joseph, Missouri  
(b) Address St. Joseph, Missouri

19. (a) 12-1-48 (b) E. K. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19  
year 1948 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from 9 NOV 1948 to 19 NOV 1948  
that I last saw him alive on 19 NOV 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death SENILITY Duration 3 MO  
Due to ARTERIOSCLEROSIS 5 YRS.

Due to \_\_\_\_\_  
Other conditions SENILE DEMENTIA 1 MO  
(Include pregnancy within 3 months of death)

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:  
(c) 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? \_\_\_\_\_

23. Signature Clement P. [Signature] (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address 308 Schneider Bldg Date signed 12-1-48

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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.....

*George A. Keefey*....., Registered Apprentice No. *264*  
working under my personal supervision.

Signed *John Roy Stoney*.....  
Licensed Embalmer No. *2435*

P. O. Address..... *St. Joseph*

**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.**