

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

34104

**1. PLACE OF DEATH**

County Gasper  
Township Marion  
City Carthage (No. ....)

Registration District No. 408  
Primary Registration District No. 3020

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Richard Eugene Shucher

(a) Residence. No. 123 N. Fulton St. Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12, 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>1</u>	<u>23</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Independence  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Nichell Shucher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cassette  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Goldie Sanders

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rogers  
(STATE OR COUNTRY) Ark.

14. INFORMANT Nichell Shucher  
(Address) 123 N. Fulton

15. FILED 10/5 1929 Cliff Kitchell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1929, to Oct 5 1929, that I last saw him alive on Oct 5 1929, and that death occurred, on the date stated above, at 1225 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute dilatation of Heart with Pulmonary oedema  
112  
93 B (duration) yrs. mos. 1 ds.  
CONTRIBUTORY Bronchial asthma  
(SECONDARY) (duration) yrs. 6 mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

Independence Kansas  
IF NOT PLACE OF DEATH. 0/0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

19. WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) J. B. Chute, M. D.  
10/5 1929 (Address) Carthage, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Aurora Cemetery DATE OF BURIAL Oct 7 1929

20. UNDERTAKER Knell Mortuary ADDRESS Carthage

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE IN PENCIL, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

49  
OCT 23 1929  
68

