REG'D MAY 10 1939

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

14128
Do not use this space.

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.

1. PLACE OF DEATH
(a) County Audrain 2 — Registration District No. 26
(b) Township Saltriver — Primary Registration District No. 3002 — Registered No. 55
(c) City Mexico Mo 1 — (d) Street No. 1411 - N. Clark St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

4 4 2

2. PRINT FULL NAME Jessie R. Shuck
(a) Residence, No. 1411 N. Clark St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1886

7. AGE: Years 52 | Months 9 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) March 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County, Mo.

FATHER
13. NAME J.W. Shuck 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER
15. MAIDEN NAME Elizabeth Brison 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Ora Shuck
(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Monroe Co. Mo
PLACE Tulip Cemetery DATE April 11, 1939

19. FUNERAL DIRECTOR H.A. Precht & Son
(ADDRESS) Mexico, Mo.

20. FILED 4-10, 1939 Blanche Neely
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to April 9, 1939
I last saw him alive on April 9, 1939. Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympo-epithelioma of Naso-Pharynx with metastasis to all lymph glands of neck	March 1937

Other contributory causes of importance:

4 5

Name of operation Biopsy Date of 1938
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) K. E. Maneval, M. D.
23 (Address) Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Mexico, Mo. Licensed Embalmer No. 3189

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)