

13-10
7-9
X23159

State File No. _____

Registration District No. 912

Primary Registration District No. 5960B

Registrar's No. 17

1. PLACE OF DEATH:
 (a) County Ralls
 (b) City or town Rural Jasper Ar.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ralls
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ROBERT L. SHUCK
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 27
 year 1940 hour 5:30 minute 10 M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Leona Shuck
 6. (c) Age of husband or wife if alive 15 years
 7. Birth date of deceased April 2 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 16, 1939 to May 10, 1940;
 that I last saw him alive on May 10, 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: 80 Years 1 Months 25 Days
If less than one day hr. _____ min. _____

Prosthetic Cornea
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Carpenter
 11. Industry or business _____
 12. Name John Shuck
 13. Birthplace Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Gardner
 15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Robert F. Shuck
 (b) Address Vandalia Mo
 17. (a) Burial (b) Date thereof May 29
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Vandalia Mo
 18. (a) Signature of funeral director W. S. Green
 (b) Address Vandalia Mo
 19. (a) 6/6/40 (b) Carrie W. Westback
(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?
25 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature W. S. Green (M. D. or other) _____
 Address Vandalia Mo Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 6-40-1228

Date Filed JUN 12 1940

.. 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.....

Licensed Embalmer No.....

P. O. Address.....

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.