S. No. 2
11-10-39
5-17-39
X21492

2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1941

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41985

Primary Registration District No. 5131

Registrar's No. 397

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural
(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

In this community About 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 3, Poplar Bluff, Missouri
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elmer E. Stucker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 21, 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Thomas Stucker

13. Birthplace Indiana (City, town, or county) Schyhar (State or foreign country)

MOTHER 14. Maiden name

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

16. (a) Informant Everett Stucker

(b) Address Route # 3, Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Greer-Croy Funeral Service

(b) Address Poplar Bluff, Missouri

19. (a) 1/7/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7 year 1940 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-10 — 1940 to 12-7 1940 that I last saw him alive on 8-24 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	
Chronic Myocarditis	
Due to Mitral Insufficiency	
Due to	
Other conditions (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:

(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

23. Signature H. E. Clay M.D. (M. D. or other)

Address Poplar Bluff Mo. Date signed 1/7/41

(Licensed Embalmer's Statement on Reverse Side)

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, above space should be left blank.