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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13733

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1714

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Hours (Specify whether years, months or days)
In this community 34 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 800 Archibald
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- 0 years.

3. (a) PRINT FULL NAME Mr. Lee Albert Stuck
3. (b) If veteran, name war World War Vet.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Jean C. Stuck
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July (Month) 8 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
49	9	21	hr. min.

9. Birthplace Chillicothe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Proprietor
11. Industry or business Acme Typesetting Co.
MOTHER FATHER
12. Name William Stuck
13. Birthplace Somerset County (City, town, or county) Pennsylvania (State or foreign country)
14. Maiden name Elizabeth Keidel
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jean C. Stuck
(b) Address 800 Archibald
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 2, 1941 (Month) (Day) (Year)
(c) Place: Burial or cremation D. W. Newcomer's Sons
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Apr 30 1941 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1941 hour 11 minute 40 P. M.
21. I hereby certify that I attended the deceased from April 19, 1941 to April 29, 1941; that I last saw him alive on April 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured gastric ulcer	Unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Ruptured gastric ulcer	

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 0

23. Signature D. P. Klepinger (M. D. or other)
Address 615 Argyle Bldg, KC Mo. Date signed 4-30-41

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1947

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H C Newcomer

Licensed Embalmer No. 4043

P. O. Address H. C. Mo.

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

If this body is not embalmed, fact should be so stated above.