

FILED NOV 5 1942
Registration District No. 339

Primary Registration District No. 6149

Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Stoddard
(b) City or town: Bural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rudley St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 58 years (Specify whether
In this community: _____
Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri County: Stoddard
(c) City or town: Bural
(If outside city or town limits, write "RURAL")
(d) Street No.: Rudley St 1
(If apt., give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME

Stephen Silvanus Zuck

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 11 year: 1942 hour: 7 minute: 20 P M.

21. I hereby certify that I attended the deceased from 8-20, 1942 to 10-10, 1942
that I last saw him alive on 10-10-1942, 1942
and that death occurred on the date and hour stated above.

4. Sex: M

5. Color or race: white

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

6. (b) Name of husband or wife: Martha

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: March 21, 1873
(Month) (Day) (Year)

Immediate cause of death: Cardiac Failure Duration: _____

8. AGE:

Years: 69 Months: 6 Days: 21 If less than one day: _____ hr. _____ min.

Due to: Cardiac enlargement years: _____

Due to: unknown

9. Birthplace

Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired farmer

Other conditions: nephritis years: _____
(Include pregnancy within months of death)

11. Industry or business

MOTHER FATHER

12. Name: Isaac Zuck

13. Birthplace: Illinois
(City, town, or county) (State or foreign country)

14. Maiden name: Carroll

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

Major findings:

Of operations: _____
Of autopsy: 1318 PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs Martha Zuck

(b) Address: Bural

17. (a) Bural (b) Date thereof: Oct 12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St Johns Chapel

18. (a) Signature of funeral director: Walter L. Price

(b) Address: Stoddard Mo

19. (a) 10-14-1942 (b) J. Steinmiller
(Date entered 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury: 2

23. Signature: A. M. Wiley (M. D. or other) DD
Address: Bural Missouri Date signed: 10/13/42

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

30

1152

RECEIVED

District Health Office No. 2,

District File Number 1142-1370

Date Filed 11-3-42

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 B J Brentlinger
Licensed Embalmer No. 4261
P. O. Address Wester, N

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.