

FILED SEP 8 1943

1. PLACE OF DEATH
 (a) County Linn
 (b) City or town Waverly 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 all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Linn
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME William Lee Shuck
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 21
 year 1943 hour 3 minute 0 M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased July 22 1864
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19..... to 19.....;
 that I last saw him alive on 19.....
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months - Days 29 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage
 Due to Arterial Clots

9. Birthplace Linn Co Mo
 (City, town or county) (State or foreign country)
 10. Usual occupation Farmer

Due to
 Other conditions (Include pregnancy within 3 months of death) g3a!

MOTHER FATHER
 11. Industry or business
 12. Name Wm M Shuck
 13. Birthplace Waverly Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Frances Grimes
 15. Birthplace W.A.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Simpson
 (b) Address E. Lester Mo
 17. (a) Burial (b) Date thereof Aug 23-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge
 18. (a) Signature of funeral director W. W. Bradley
 (b) Address E. Lester Mo
 19. (a) Sp 4 1943 (b) S. Williams
 (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?
 While at work? (Specify type of place)
 (e) Means of injury
 23. Signature McKays Coroner (M. D. or other)
 Address Liberty Mo Date Aug 21 1943

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

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.....

W. W. Bradley

Licensed Embalmer No.....

3966

P. O. Address.....

Elberton Mo

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.