

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED NOV 6 1945
Registration District No. 306

Primary Registration District No. 6048

State File No. _____
Registrar's No. 249

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Peters 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 _____ (Specify whether years, months or days)

In this community 70 years

3. (a) PRINT FULL NAME JOHN A. STUCKEY

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife Mathilda

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased May 17 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 1
If less than one day hr. _____ min. _____

9. Birthplace Lincoln County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming, retired

11. Industry or business _____

MOTHER FATHER { 12. Name John Stuckey

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

14. Maiden name Malinda Kruger

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

16. (a) Informant Jos. Stuckey

(b) Address St. Peters, Mo.

17. (a) Burial (b) Date thereof 10-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, Mo.

18. (a) Signature of funeral director Geo. Stepprater

(b) Address St. Peters, Mo.

19. (a) Oct 29-45 (b) Ed. Reichey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Peters rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1945 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 29 to Oct. 18, 1945;
that I last saw him alive on Oct. 1, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral apoplexy

Due to Arteriosclerosis

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Nicholas J. Horwich (M. D. or other) _____

Address Ed. Reichey, Nixa Date signed 10/19/45

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RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 11-5-45

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 _____

E. A. Keithley

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

E. A. Keithley

Licensed Embalmer No. 822

P. O. Address O. Fallon 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.