

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28132

Registration District No. 166 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: ST JOHN'S HOSPITAL
(d) Length of stay: In hospital or institution 5 days
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jasper
(c) City or town Carl Junction
(d) Street No. 301 S. Rowley
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Deroy Clark Stukey
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 3 year 1947 hour 12 minute 15 A. M.

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ethel Stanley Stukey
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased 3 12 1876

21. I hereby certify that I attended the deceased from June 26, 1947, to Aug 3, 1947, that I last saw him alive on Aug 3, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 4 Days 21

Immediate cause of death Central Hemorrhage
Due to Hypertension

9. Birthplace Weir Kansas
10. Usual occupation Hardware Merchant

Due to
Other conditions
Major findings: Of operations
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name Henry Stukey
13. Birthplace M.O.
14. Maiden name Susan Cunningham
15. Birthplace Mo. O

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Ethel Stukey
(b) Address Carl Junction Mo.
17. (a) Burial (b) Date thereof 8-6-1947
(c) Place: burial or cremation Carl Junction Cemetery

While at work? (Specify type of place) (e) Means of injury
23. Signature O. T. [Signature] (M. D. or other) 2nd
Address 607 Main, Joplin Mo Date signed 8-9-47

18. (a) Signature of funeral director Carl Rowley
(b) Address Carl Junction Mo.
19. (a) 8-9-47 (b) Below [Signature]

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

47-8-691

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 F. M. Jones
Licensed Embalmer No. 2519
P. O. Address Poplar Ave

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.