N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11154
Do not use this space.

FILED APR 21 1939

1. PLACE OF DEATH
(a) County Jasper Registration District No. 411
(b) Township Galena Primary Registration District No. 2007 Registered No.
(c) City Joplin (d) Street No. 1214 Joplin St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susie Rucker
(a) Residence, No. 1214 Joplin St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John O. Rucker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28, 1880
7. AGE Years 58 Months 10 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cairo Illinois

FATHER
13. NAME William Parmley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER
15. MAIDEN NAME Louisa Bridges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT (ADDRESS) John O. Rucker Joplin, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Jolly, Mo. DATE Mar. 19, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Knell Mortuary Carthage Missouri
20. FILED 3-17, 1939 Ed D Jasper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1939 to March 16, 1939
I last saw her alive on March 16, 1939 Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension

Date of onset

Other contributory causes of importance: 8221

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. M. Kinney, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-850
Date Filed APR. 12 1939

FEB 5 1953

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, Emma R. Knell, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Emma R. Knell

Licensed Embalmer No. 391

P. O. Address Carthage 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, above space should be left blank.