

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1132

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

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas city, mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - 1008 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 years (Specify whether years, months or days)
In this community 7 years

3. (a) PRINT FULL NAME. RUBY RUCKER 260

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex. Fe 5. Color or race. negro 6. (a) Single, widowed, married, divorced. single

6. (b) Name of husband or wife. unknown 6. (c) Age of husband or wife if alive. 79.06 years

7. Birth date of deceased. unknown (Month) (Day) (Year)

8. AGE: Years 34 Months + Days + If less than one day hr. min.

9. Birthplace. E. St. Louis Ill (City, town, or county) (State or foreign country)

10. Usual occupation. Domestic

11. Industry or business. None

12. Name. Ruben Vaughn

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

14. Maiden name. Clara Ross

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

16. (a) Informant. Ruben Vaughn

(b) Address. 566 Lydia Kc mo

17. (a) Burial (b) Date thereof. 3-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation. Blue Ridge town Kc mo

18. (a) Signature of funeral director. Flynn + Greenstreet

(b) Address. 1819 E. 15th Kc mo

19. (a) Mar 11, 1940 (Date received by registrar) (b) M. M. Crome (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas city, mo
(If outside city or town limit, write "RURAL")
(d) Street No. 1008 Tracy (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7 year 1940 hour _____ minute _____ 7 P.M.

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

Immediate cause of death. Acute Pulmonary Tuberculosis Duration _____

Due to Chronic Tuberculosis

Due to Infection & Tubercle Bacillus

Other conditions. 23 (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. Russell W. Dyer (M. D. or other) _____
Address. _____ Date signed _____

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 Edw. J. Stevens.
.....
Licensed Embalmer No. 3826.
P. O. Address 814 E. 1st St. N. C. 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.