

FILED DEC 8 1941

State File No. \_\_\_\_\_

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 304

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
(Specify whether  
In this community 14 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CHARITON 21  
(c) City or town RURAL - Salisbury 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#3  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country ✓ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13  
year 1941 hour 10 minute 05 A.M.  
21. I hereby certify that I attended the deceased from 10-31-41  
19 11-13-41 to 11-13-41 19 11-13-41  
and that death occurred on the date and hour stated above.  
that I last saw him alive on 11-13-41

Immediate cause of death Pneumonia  
Due to ptx Resection of Tumor  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: H68  
Of operations \_\_\_\_\_  
Of autopsy Carcinoma of colon Metastasis to L.V.P.

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? \_\_\_\_\_  
(Specify type of place) 0  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Jacques V. Ackerman (M. D. or other) M.D.  
Address Ellis Fischel State Cancer Date signed 11/13/41

3. (a) PRINT FULL NAME William H. Rucker

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Lula M. Rucker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MAR 17 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SALISBURY MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name Lee GRAND Rucker

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

14. Maiden name Mm. HARRIETT BUTNER

15. Birthplace WILKINSON 1 Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Lula M. Rucker

(b) Address SALISBURY, MO

17. (a) Burial (b) Date thereof 11-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, Mo

18. (a) Signature of funeral director Salisbury, Mo

(b) Address \_\_\_\_\_

19. (a) 11/13/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

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

0  
2  
4

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**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.....

*TV*  
....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*[Handwritten Signature]*  
.....  
Licensed Embalmer No. *3951*.....

P. O. Address *[Handwritten Address]*.....

**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.**