

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27604

State File No. _____

Registration District No. 183

Primary Registration District No. 4298

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Linneus
(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 _____)

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Edward Rucker

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXX

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife XXXXXX

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

7. Birth date of deceased April 30 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Linneus Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business XXXXXXXXXX

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown XXXXXXXXX
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown XXXXXXXXX
(City, town, or county) (State or foreign country)

16. (a) Informant William Rucker

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 8/14/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Thornell D. Stacey Co.

(b) Address Linneus, Missouri

19. (a) 8/14/1942 (b) Thornell D. Stacey Co.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Linneus
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1942 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from August 1st 1942 to August 12 1942;
that I last saw him alive on August 11 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 Days

Due to arteriosclerosis + Hypertension

Due to _____

Other conditions 83a!
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

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)

(c) Means of injury _____

23. Signature H. J. Pittluk (M. D. or other) M.D.

Address Linneus, Missouri Date signed 8/13

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

58
00
00

58
0
0

Duration
10 Days

83a!

1258

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.....

Harry A. Taylor

Licensed Embalmer No.

3761

P. O. Address.....

Linwood, 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.