S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35111

State File No.

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 36

14
1
0

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

1. PLACE OF DEATH:
(a) County WRIGHT
(b) City or town Mtn Grove Twns
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Wright 114
(c) City or town Mtn Grove 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SARAH ANN RUCKER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife AARON T RUCKER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 17 (Day) 1869 (Year)

8. AGE: Years 72 Months 8 Days 20 If less than one day hr. min.

9. Birthplace TEXAS (City, town, or county) MO (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name thomas E MElton
13. Birthplace (City, town, or county) Fenn 1 (State or foreign country)
MOTHER
14. Maiden name Ditha J Melton
15. Birthplace (City, town, or county) Ill 1 (State or foreign country)
16. (a) Informant Aaron T Rucker
(b) Address Mtn Grove MO
17. (a) (Burial, cremation, or removal) (b) Date thereof Sept 8 1942 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Russell Barber
(b) Address Mtn. Grove, Mo.
19. (a) 11/4/42 (Date received local registrar) (b) Ruby H Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th
year 1942 hour 4:30 minute A M.
21. I hereby certify that I attended the deceased from Sept. 10 1942 to Sept. 7 1942
that I last saw her alive on Sept. 7 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to 97	
Other conditions (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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature R W Denny (M. D. or other)
Address Mtn. Grove Mo Date signed 9-5-42

1040

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1142-1553
Date Filed NOV 6 1942

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.....

Licensed Embalmer No.....

P. O. 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.