. S. No. 2
00M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3728F

State File No.

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4886

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3810 BROOKLYN AVENUE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- In this community 35 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 2
(d) Street No. 3810 BROOKLYN AVENUE (If rural, give location) 6
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. CORA GROVES
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. R. J. GROVES
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased JULY (Month) 27 (Day) 1866 (Year)

8. AGE: Years 77 Months 3 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace MEDORA (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business ---
FATHER
12. Name JOHN B. RUCKER
13. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)
MOTHER
14. Maiden name SUSANNA HAUSH
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Ruby A. Rigbow
(b) Address 3810 Brooklyn
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-20-1943 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEM.
18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD.
19. (a) 11-19-43 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 17TH year 1943 hour 4 minute 25 A.M.
21. I hereby certify that I attended the deceased from 11-15 43, to 11-17 43, that I last saw her alive on 11-17 43, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 3 days
Due to
Due to 107
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 [illegible] (M. D. or other)
Address 906 Grand Kcmo Date signed 11-17-43

(Licensed Embalmer's Statement on Reverse Side)

1034 Wrialto Bldg
2-4:30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K 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, fact should be so stated above.