

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 23 1945

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 30

1. PLACE OF DEATH:

(a) County: Harrison

(b) City or town: Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bethany Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)

In this community: Most all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Harrison

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

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

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Tena May Rucker

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 12, year 1945, hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to March 12, 1945, that I last saw her alive on March 12, 1945, and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: White

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

6. (b) Name of husband or wife: Emmett Rucker

6. (c) Age of husband or wife: 60 years

7. Birth date of deceased: Mar 24 1893
(Month) (Day) (Year)

Immediate cause of death: Diabetes

Duration: 10 yrs.

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>11</u>	<u>18</u>	hr. _____ min. _____

Due to: _____

Due to: _____

9. Birthplace: Harrison Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: 61

11. Industry or business: _____

12. Name: W.C. Ely

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

14. Maiden name: Corinda Hopkins

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

16. (a) Informant: Emmett Rucker

(b) Address: Earlville Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: Mar 16 1945
(Month) (Day) (Year)

(c) Place: burial or cremation: Hobbs Chapel Amstey Joe El Wheeler

18. (a) Signature of funeral director: _____

(b) Address: Bethany Mo.

19. (a) Mich. 15-1945(b) (Date received local registrar)

36th Mo. Burris (Registrar's signature)

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: R. Q. Ladd (M. D. or other)

Address: Bethany Mo. Date signed: 3/14/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

503

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.....

Joe E. Wheeler

Licensed Embalmer No. *3672*

P. O. Address. *Bethany 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.