S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1946

State File No. 23783

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2982

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: 1106 E. 19th St. /
(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: 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1106 E. 19th St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Maggie Ruckman
3. (b) If veteran, name war: No
3. (c) Social Security No. 486-03-2128
4. Sex: Female 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Elic Ruckman
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 16, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	2	18	hr. min.

9. Birthplace: Woodville (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation: Maid
11. Industry or business:
FATHER
12. Name: John Deloch
13. Birthplace: Mississippi / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Henrietta Hockins
15. Birthplace: Mississippi / (City, town, or county) (State or foreign country)
16. (a) Informant: Andrew Deloch
(b) Address: 1106 E. 19th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: Wathen Bros.
(b) Address: 1729 Lydia
19. (a) 7-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1946 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.
Deputy Coroner

Immediate cause of death: Hypertensive Heart Disease
Due to:
Due to:
Other conditions: Indetermined
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 93d
Of autopsy: No-Permit.

Duration

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: Deputy Coroner
23. Signature: [illegible] (M. D. or other)
Address: 2636 Brooklyn Date signed: 7-7-46

(Licensed Embalmer's Statement on Reverse Side)

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 L. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.