

S. No. 2
M-9-4-41
v. 5-17-39
X 29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29824

FILED SEP 30 1946

State File No. _____

Registration District No. 64

Primary Registration District No. 4109

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Chester
(b) City or town Keytesville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 602 Bridge St. 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 All the Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chester
(c) City or town Keytesville
(If outside city or town limits, write "RURAL")
(d) Street No. 602 Bridge St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA C. RUCKER

3. (b) If veteran, name var. V 3. (c) Social Security No. 1

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife J. C. Rucker 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Feb. 19 - 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Lewisburg West Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name David F. Lockley
13. Birthplace Donk, Iowa West Va.
(City, town, or county) (State or foreign country)
14. Maiden name Pramp from West Va.
15. Birthplace Donk, Iowa West Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Maud Rucker
(b) Address Keytesville Mo

17. (a) Burial (b) Date thereof Sept 15 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville
18. (a) Signature of funeral director Wade A. Barnett
(b) Address Keytesville Mo

19. (a) 9/13/46 (b) W. S. ...
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month September Day 14
year 1946 hour 3:00 minute A.

21. I hereby certify that I attended the deceased from April 19 1939 to September 14 1946
that I last saw her alive on September 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis
Duration Dr. Kuro

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93D

Of autopsy _____

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) (e) Means of injury _____

23. Signature Carl C. Heger (M. D. or _____)
Address Keytesville, Mo Date signed 9/14/46

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

20000

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-28-46

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 H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Keokuk 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.