

3. No. 2
4-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED Oct 28 1946 **STANDARD CERTIFICATE OF DEATH**

33749

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4359

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:
3337 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 50 years
years, months or days

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. 3337 Paseo 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country X

3. (a) PRINT FULL NAME Forrest D. Rucker

3. (b) If veteran, name war no.

3. (c) Social Security No. 495-03-0997

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary Ann Rucker

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: April 17 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 6 0 hr. min.

9. Birthplace Woodbury, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Cloth Cutter

11. Industry or business X

MOTHER FATHER

12. Name Wm. Bonest Rucker

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

14. Maiden name Julia Patum

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

16. (a) Informant Mrs. Mary Ann Rucker

(b) Address 3337 Paseo, Kansas City, Missouri

17. (a) burial (b) Date thereof 10-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-17-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1946 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct 15, 1946, to Oct 17, 1946
that I last saw him live on Oct 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction 48 hrs.
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/2

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? _____

While at work? _____ (Specify type of place) (e.g. means of injury)

23. Signature W. C. Clayton (M. D. or other) M.D.
Address Professional Bldg Date signed Oct 17 1946

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

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.....

J. Blair Sheppard

Licensed Embalmer No.....

27179

P. O. Address.....

X. C. M. V.

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.