

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1946
374

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **89461**
Registration District No. **6272**
Registrar's No. **41**

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural - Allow
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

ESTELLA RUCKMAN

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex 7

5. Color or race W

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

6. (b) Name of husband or wife Joseph Ruckman

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased march

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

67

8

0

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name Wm W Napier

13. Birthplace (City, town, or county)

(State or foreign country)

14. Maiden name Bernetta Johnson

15. Birthplace (City, town, or county)

(State or foreign country)

16. (a) Informant

L E Ruckman

(b) Address

Denver mo

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

11 5 1946

(c) Place: burial or cremation

Miller Cemetery

18. (a) Signature of funeral director

Brann Bros

(b) Address

Denver mo

19. (a)

Nov 22 - 1946

(b)

Letta C Dawson

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County North
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month nov day 3
year 1946 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from nov 1, 1946 to nov 3, 1946
that I last saw him alive on nov 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Angina Pectoris
acute

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

2 days

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)

(c) Means of injury

23. Signature

Letta C Dawson

(M. D. or other)

Address

Denver mo

Date signed

11-9-46

348 (Licensed Embalmer's Statement on Reverse Side)

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

38275

JAN 18 1950

DISTRICT HEALTH OFFICE
Cameron, Mo

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. 2947,
working under my personal supervision.

Signed..... J.P. Brown

Licensed Embalmer No. 2947

P. O. Address..... Demerol, 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.