

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1308

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 122

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: Wheatley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours
(Specify whether years, months or days)

In this community 4 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1622 Kansas Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ronald Rucker

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 2, 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>4</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Hubert Rucker

13. Birthplace Fort Gibson, Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Lorine Robins

15. Birthplace Fort Gibson, Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Rucker

(b) Address 1622 Kansas Ave.

17. (a) Burial (b) Date thereof 1/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Walter Brock

(b) Address 1729 Lydia Avenue

19. (a) 1-10-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th
year 1947 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from 1-2-47 to 1-8-47
that I last saw him alive on 1-8-47 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Broncho-pneumonia

Due to _____

Due to _____

Other conditions no no
(Include pregnancy within 3 months of death)

Major findings: no no
Of operations no no

Of autopsy no no

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) no no

(b) Date of occurrence no no

(c) Where did injury occur? no no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no no

While at work? no (Specify type of place) no
(e) Means of injury no

Signature Henry B. Fisher (M. D.)
Address 1625-16-18th Date signed 1/19/47

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

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L. J. Jones
18 6th St. W. Minn.

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. 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.