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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8294**
Registrar's No. **14**

Registration District No. **69** Primary Registration District No. **4121**

1. PLACE OF DEATH:
(a) County **Christian**
(b) City or town **Billing**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Christian**
(c) City or town **Billing**
(d) Street No. _____
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles William Ruckman**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**
4. Sex **male** 5. Color or race **white** 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 **Mar. 25 - 1908**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar** - day **10th**
year **1947** hour **9** minute **30 P.** M.
21. I hereby certify that I attended the deceased from **Nov 10 1945** to **March 10 1947**
that I last saw him alive on **March 10 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho-pneumonia **6 days**
Encephalitis - Old **18 yrs**

8. AGE:	Years	Months	Days	If less than one day
	38	11	15	hr. _____ min.

9. Birthplace **Billing Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **farming**

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
12. Name **Harley Ruckman**
13. Birthplace **Mo. D**
14. Maiden name **Mary Brown**
15. Birthplace **Mo. D**

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant **Mrs. Harley Ruckman**
(b) Address **Billing**
17. (a) **Burial** (b) Date thereof **Mar. 13, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Evangelical Cem.**
18. (a) Signature of funeral director **J. W. Maples**
(b) Address **Clover - Mo.**
19. (a) **Mar. 13, 1947** (b) **Alline Deuer**
(Date received local registrar) (Registrar's signature)

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 **O**
23. Signature **Charles A. Spears** (M. D. or other) **MD**
Address **Billing, Mo.** Date signed **3-22-47**

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

RECEIVED

District Health Officer No. 6,

District File number 347-335

Date Filed MAR 15 1947

AUG 30 1956

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.W. Maples
Licensed Embalmer No. 2985
P. O. Address Glenn 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.