No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1947

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25088

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 171

**1. PLACE OF DEATH:**
(a) County: Randolph
(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 16 days (Specify whether years, months or days)
In this community: 16 days

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Marion
(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME: IRVIN WINNING RUCKER
3. (b) If veteran, name war: None
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bessie Rucker
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 19 (Day) 1890 (Year)

8. AGE: Years 56 Months 6 Days 29 If less than one day hr. min.

9. Birthplace: Rockport (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Telegraph Operator
11. Industry or business: Wabash Railroad
MOTHER FATHER
12. Name: John Rucker
13. Birthplace: Rockport (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Sissolly Burrough
15. Birthplace: Rockport (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Bessie Rucker
(b) Address: Hannibal Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July (Month) 18 (Day) 47 (Year)
(c) Place: burial or cremation: Hannibal Mo
18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Moberly Missouri
19. (a) Jul 19-47 (Date received local registrar) (b) Leola Williams Lowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 18 1947
year 2 hour 40 minute A M.
21. I hereby certify that I attended the deceased from July 2, 1947, to July 18, 1947; that I last saw him alive on July 17, 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| UREMIA | 2 weeks |
| Due to NEPHROSCLEROSIS | 2 years |
| Due to HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE | 15 years |

Other conditions (Include pregnancy within 3 months of death): MINIMAL RESIDUAL LEFT HEMIPLEGIA
Major findings: Of operations: —
Of autopsy: Contracted Kidneys, Pulmonary Edema, Cardiac Hypertrophy

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? (Specify type of place)
While at work: (e) Means of injury: 0
23. Signature: [illegible] (M. D. or other) No
Address: Moberly Mo Date signed 18 July 47

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1947

RECEIVED
District Health Officer No. 1
District File Number 7-47-934
Date Filed JUL 30 1947

## 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 C. H. Hutton, Registered Apprentice No. 10 working under my personal supervision.

Signed: R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.**