

FILED APR 8 1948

Registration District No. _____

Primary Registration District No. 4024

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Purvis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
Most of Life (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town "RURAL" Flat Crk. Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi north of Cassville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucinda Johnson RUCKER

3. (b) If veteran, name war ---- 3. (c) Social Security No. ----

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Ed Rucker 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased. March 18, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 13 -- hr. -- min.

9. Birthplace Shell Knob, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Ephram F. Hembree

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

14. Maiden name Mary Ann Clark
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Melvin Johnson (Son)

(b) Address RFD Cassville, Mo.

17. (a) Burial (b) Date thereof Mar. 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horner Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address Cassville, Missouri

19. (a) Mar 12 - 1948 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st,
year 1948 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from
Jan. 15, 1932 to Mar. 1, 1948
that I last saw her alive on Mar 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Embolus
Chronic Myocarditis
Due to _____
Due to _____

Duration

1 1/2 hours

10 years

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

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?

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Ed McDaniel (M. D.)
Address Cassville, Mo. Date signed 2/6/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 348-292

Date Filed MAR 31 1948

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.