

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1948
Registration District No. 4238

Primary Registration District No. 4238

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Buckner
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home in Buckner /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 32 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. Gen. Del /
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nettie Henrietta Rucker

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Everett Lee Rucker

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan. 2 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 10 28 hr. min.

9. Birthplace Pardee, Kans /
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business no ne

MOTHER FATHER { 12. Name John Anderson

13. Birthplace unknown USA /
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown USA /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C.C. Hamilton, daughter

(b) Address Buckner, Missouri

17. (a) burial (b) Date thereof 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner, Mo.

18. (a) Signature of funeral director J. M. Ruppert

(b) Address Buckner, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1948 hour 11:AM minute Est M.

21. I hereby certify that I attended the deceased from Carson, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to Diatitis

Due to _____

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

Major findings: 6

Of operations _____

Of autopsy no
Autopsy & Impregnation

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 Car

23. Signature J. M. Ruppert (M. D. or other) _____

Address 16724 14th St Date signed 12-1-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Ralph O Jones

Licensed Embalmer No. *4604*

P. O. Address. *Buckner, 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.