

JUL 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23063
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township Sugar Creek Primary Registration District No. 3034
near or City Moberly (d) Street No. 5970 Registered No. 113
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John F. Rucker

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie C. Rucker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15th 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo O

FATHER 13. NAME Franklin H Rucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va O

MOTHER 15. MAIDEN NAME Amanda Thomson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Minnie C Rucker
(ADDRESS) RFD Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE June 7th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Maharson
Moberly Mo

20. FILED June 7th 1939 Leah Williams
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937 to June 5th 1939
I last saw him alive on Feb 4 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer throat anterior to right tonsil from which cancer began at the about 4 yr old,
Other contributory causes of importance: 45

Date of onset

So not known

Name of operation Placed Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) M. M. Meisel, M. D.
925 (Address) Moberly, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1259

Date Filed JUL 12 1939

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

Frank J. DeWitt

Licensed Embalmer No. 3021

P. O. Address

Proberly Me

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, above space should be left blank.