

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36973

Registration District No. 733 Primary Registration District No. 4438 Registrar's No. \_\_\_\_\_

REC'D NOV 20 1939

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Huntsville  
(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 26.1

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State MO (b) County Randolph  
(c) City or town Huntsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bright St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME LAFAYETTE RUCKER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 20  
year 1939 hour 7:00 minute 0 M.  
21. I hereby certify that I attended the deceased from August 10,  
1938, to Oct 16, 1939;  
that I last saw him alive on Oct. 16, 1939;  
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Julia Rucker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 11 1855  
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis Duration 2 R.

8. AGE: Years 84 Months 2 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to arterio-sclerosis  
Due to \_\_\_\_\_  
Other conditions senility  
(include pregnancy within 3 months of death)

9. Birthplace Huntsville  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Henry Rucker  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Jude Rucker

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?

(b) Address Huntsville

17. (a) Burial (b) Date thereof Oct 22, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville

19. (a) Nov. 4 1939 (b) Miss W. A. Barnhart  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Philip Dreyer M. D. (M. D. or other) \_\_\_\_\_  
Address Huntsville Mo Date signed 10/24/39

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

DEPARTMENT OF HEALTH

Deputy Health Officer No. 10

License No. 11-39-1967

Date NOV 10 1939

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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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Md

**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.**