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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33915

NOV 13 1941

Registration District No. 399

Primary Registration District No. 602

Registrar's No. 3855

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-21-41-10-12-41 (Specify whether years, months or days)

In this community 3 years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 049

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 2104 E. 27th St. 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: ARTHUR RUCKER

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: November (Month) 7 (Day) 1888 (Year)

8. AGE: Years 52 Months 11 Days 5 If less than one day ... hr. ... min.

9. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Unemployed

11. Industry or business:

FATHER
12. Name: Thomas Rucker
13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Deceased
15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Record Clerk

(b) Address: General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-15-41 (Month) (Day) (Year)

(c) Place of burial or cremation: Blue Ridge Lawn KC Mo

18. (a) Signature of funeral director: Zikmund & Green Street

(b) Address: 1819 E. 15th KC Mo

19. (a) 10/15/41 (Date received by local registrar) (b) M. D. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1941 hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from April 21, 1941 to October 12, 1941 that I last saw him alive on October 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Carcinomatosis — Duration

Due to: Carcinoma of the Penis

Due to:

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: O. O. Swope (M.D. or other)

Address: Gen Hosp #2 KC Mo Date signed 10-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 Edw H Evans

Licensed Embalmer No. 3836

P. O. Address 819 E 15th St Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.