

S. No. 2
4-13-40
5-17-39
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14278

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 20 1942 294

Primary Registration District No. 4178

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Franklin Co.

(b) City or town St. Clair mo. Ill.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME JUSTINA LUELLA RUCKER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 28 - 1899
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Craig

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

14. Maiden name Craig

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

16. (a) Informant Gene Rucker Ballyard

(b) Address 200 N. Union St. John

17. (a) Funeral (b) Date thereof May 1 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove mo.

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

(b) Address Sheward Hitchell St. Clair Mo.

19. (a) 4/30/1942 (b) P. J. King
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

(c) City or town St. Clair
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1942 hour 5 minute 502 M.

21. I hereby certify that I attended the deceased from 2-4-42 to 4-28-42
that I last saw her alive on 4-26- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

arteriosclerotic Psychosis

Due to _____

senility

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations 162a

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. E. Hitchell (M. D. or other) W. D.

Address St. Clair Date signed 4/29

1120 (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 *Shirwood Kitchell*
Licensed Embalmer No. *3873*
P. O. Address *St. Clair, 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.