

BUREAU OF THE CENSUS
FILE 106 12 1942

Registration District No. 295

Primary Registration District No. 5942

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rural Robinson
(If outside city or town limits, write "RURAL" and name of township)
(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 23 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rural
(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.? _____ years.

3. (a) PRINT FULL NAME Janettie Childers Ruckman

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geo. M. Ruckman
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June 17 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 1 0 _____ hr. _____ min.

9. Birthplace Mt. Grove Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name W. F. Childers
13. Birthplace Mt. Grove Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margrett Robinson
15. Birthplace Mt. Grove Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant G. M. Ruckman (husband)

(b) Address Arlington, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-27-1942
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Walter J. Smith

(b) Address Rolla, Mo.

19. (a) July 27, 1942 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1942 hour Approx. 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw her er live on July 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture (left side) and Internal Injuries
Due to Falling from moving car.

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence July 26, 1942

(c) Where did injury occur? Hi Way 66 Arlington Hill
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No, On Highway 60

While at work? no (Specify type of place) (e) Means of injury Car

23. Signature P. S. Null (M.D. or other) _____
Address 309 Clear Street Date signed July 26

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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27

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

81
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81
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.