

**FILED** NOV 1 1943 149  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

**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:  
**4022 Virginia Avenue**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **20 Years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4022 Virginia Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **No**  
If yes, name country \_\_\_\_\_ (Yes or No)

**3. (a) PRINT Mr. Birt Martin Ruckman**  
**FULL NAME**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **October** day **17th**  
 year **1943** hour **8** minute **30 P.** M.

**3. (b) If veteran, No**  
 name war \_\_\_\_\_  
**3. (c) Social Security No. 490-16-2580**

**21. I hereby certify that I attended the deceased from Oct 6<sup>pm</sup> 17, 1943 to Oct 8<sup>am</sup> 17, 1943 and that death occurred on the date and hour stated above.**

**4. Sex Male**  
**5. Color or Race White**  
**6. (a) Single, widowed, married, divorced Married**

Immediate cause of death **Mitral regurgitation**  
 Due to **defected teeth** about **10 years**

**6. (b) Name of husband or wife Mrs. Belle Ruckman**  
**6. (c) Age of husband or wife if alive 73 years**

**7. Birth date of deceased September 27 1873**  
(Month) (Day) (Year)

**8. AGE:**  
 Years **70** Months **0** Days **20**  
 If less than one day hr. min.

**9. Birthplace Champaign Illinois**  
(City, town, or county) (State or foreign country)

**10. Usual occupation Transportation Manager**

**11. Industry or business Thompson Transfer Company**

**MOTHER FATHER**  
**12. Name John W. Ruckman**  
**13. Birthplace Ohio**  
(City, town, or county) (State or foreign country)  
**14. Maiden name \_\_\_\_\_**  
**15. Birthplace Rushville Indiana**  
(City, town, or county) (State or foreign country)

**Other conditions None**  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: **a 2 b**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant Mrs. Mary Belle Ruckman**  
**(b) Address 4022 Virginia Avenue**

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) **no**  
 (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?

**17. (a) Burial (b) Date thereof Oct. 20, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial Forest Hill Cemetery**

**18. (a) Signature of funeral director O. H. Newcomer's Son**  
**(b) Address 1401 Brush Creek Blvd.**

While at work? **no** (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

**19. (a) 10-20-43 (b) N. C. Brown**  
(Date received local registrar) (Registrar's signature)

**23. Signature James A. Thompson (M. D. or other)**  
**Address 1618 Angell Bldg City** Date signed **Oct 18 1943**

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

5/10/2019  
1:30.5  
Rddy

**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 Emile M. Colborn  
Licensed Embalmer No. 3506  
P. O. Address K.emo.

**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.**