No. 2
2-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 900

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 311 North Washington St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42 1 2 0

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. N Washington St.
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Mary Jane Rucker

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife —

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

7. Birth date of deceased 11 (Month) 15 (Day) 1868 (Year)

8. AGE: Years 78 Months 2 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace Henry Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name John C. Gilliam
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Nancy Lane
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant G. G. Rucker

(b) Address Clinton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Carrsville Mo.

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo.

19. (a) Jan 25-47 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23 year 1947 hour 11:30 minute 8 M.

21. I hereby certify that I attended the deceased from Oct 12, 1946 to Jan 21, 1947 that I last saw her alive on Jan 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	3 mons.
Due to	
Due to	
Other conditions: Hypostatic Pneumonia (Include pregnancy within 3 months of death)	3 days

Major findings:
Of operations
Of autopsy 93D

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 0

23. Signature Dr. R. S. Hallingworth (M.D. or other) M.D.

Address Clinton Mo. Date signed 1/25/47

120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Office No. 7
12-16-46
1-2-47

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 Fred E. Wilkinson Jr., Registered Apprentice No. 434 ~~[illegible]~~ working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton M

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.