

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 1804 E. 12th St. 3  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 52 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1315 Euclid 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 0  
 If yes, name country.....

3. (a) PRINT FULL NAME Catherine Rucker

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Albert Rucker 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased March 30, 1895  
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 25 If less than one day  
hr. min.

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

10. Usual occupation Maid

11. Industry or business.....

12. Name Bob Houston  
 13. Birthplace Kansas City, Missouri (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Kansas City, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Mae Tate  
 (b) Address 524 Benton Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/47 (Month) (Day) (Year)  
 (c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Lee  
 (b) Address 1729 Lydia Ave.

19. (a) 6-4-47 (Date received local registrar) (b) Rebaldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25  
 year 1947 hour 4 minute 10-P. M.

21. I hereby certify that I attended the deceased from 10 to 10 1947 that I last saw alive on 10 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Hypertensive Heart Disease

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

Major findings:  
 Of operations.....

Of autopsy No - Permit

PHYSICIAN

Underline the cause of 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 Refrigerator  
 Signature John Wellman (M. D. or other) 3  
 Address 2634 - Brooklyn Date signed 6-4-47

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

MOTHER FATHER

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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.....

*Jerome Maslowe*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.