

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26909

FILED SEP 4 1948
Registration District No. 323

Primary Registration District No. 5655

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 800 days
In this community 800 days
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Ella Fair Rucker
3. (b) If veteran, name war no
3. (c) Social Security No. 432-01-5170

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

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

7. Birth date of deceased April 30 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 3 21 hr. min.

9. Birthplace Fayetteville Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant

11. Industry or business State Mental Hospital

MOTHER FATHER

12. Name William Leroy Harper

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

14. Maiden name Martha Linton

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Aug 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Allen V. Roy

(b) Address Nevada, Mo.

19. (a) August 22 48 (b) Cecil Hendricks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 West Maple
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th
year 1948 hour 2:25 minute P M.

21. I hereby certify that I attended the deceased from June 11
19 46 on Aug 20, 19 48
that I last saw him or alive on Aug 20, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Far Advanced Pulmonary Tuberculosis Abt
Due to _____
2 yrs.

Due to _____
Other conditions Cor Pulmonale Several months
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Y. T. Hayward (M. D. or other) MD
Address Mt. Vernon, Mo Date signed 8-20-48

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

RECEIVED
District Health Officer No. 6,
District File Number 848-976
Date Filed AUG 31 1948

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 William E. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada 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.