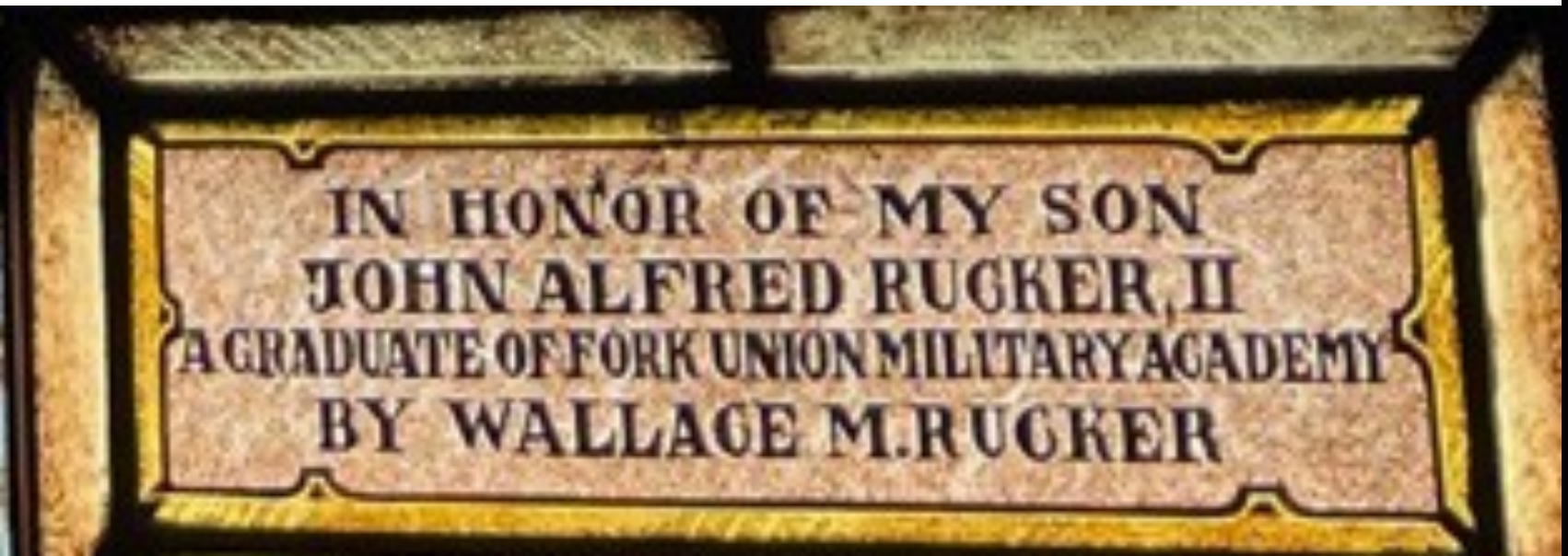
THIS STAINED GLASS WINDOW WAS GIVEN BY WALLACE M. RUCKER IN HONOR OF HIS SON, JOHN ALFRED RUCKER, II, A GRADUATE OF FORK UNION MILITARY ACADEMY.



CERTIFICATE OF DEATH

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

Registration District No. 2260 — State File No. 10057 — Registered No. 175

1. PLACE OF DEATH
a. COUNTY — MAGISTERIAL DISTRICT
b. CITY OR TOWN: Petersburg — [X] Inside [ ] Outside Corporate Limits
c. HOSPITAL OR INSTITUTION: Petersburg Hospital
d. LENGTH OF STAY: 2 weeks 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Virginia — b. COUNTY: Dinwiddie
c. CITY OR TOWN — [ ] Inside [X] Outside Corporate Limits
d. STREET ADDRESS (If rural, give mailing address): Petersburg, Va R.F.D. 4 — 0260

3. NAME OF DECEASED (Type or Print): a. (First) JOHN — b. (Middle) ALFRED — c. (Last) RUCKER II

4. DATE OF DEATH: May 22, 1949

5. SEX: Male — 6. COLOR OR RACE: white — 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Jan. 18, 1911 — 9. AGE (In years last birthday): 38 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treasurer — 10b. KIND OF BUSINESS OR INDUSTRY: Virginia Lens — 11. BIRTHPLACE (State or foreign country): Petersburg, Va — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wallace Morgan Rucker — 14. MOTHER'S MAIDEN NAME: Ella Cook

15. NAME OF HUSBAND OR WIFE OF DECEASED: Mildred Deacon Rucker — 17. INFORMANT'S SIGNATURE: G. Morgan Rucker

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Chronic Glomerular Nephritis — Interval between onset and death: 8 years 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Hypertension — 1 year
DUE TO (c) (Cardio Vascular Renal Syndrome)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had Partial Gastrectomy for Duodenal Ulcer) 442

19a. DATE OF OPERATION: Feb 19-1949 — 19b. MAJOR FINDINGS OF OPERATION: Bleeding Duodenal Ulcer

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED While at Work [ ] Not While at Work [ ] — 21f. HOW DID INJURY OCCUR?

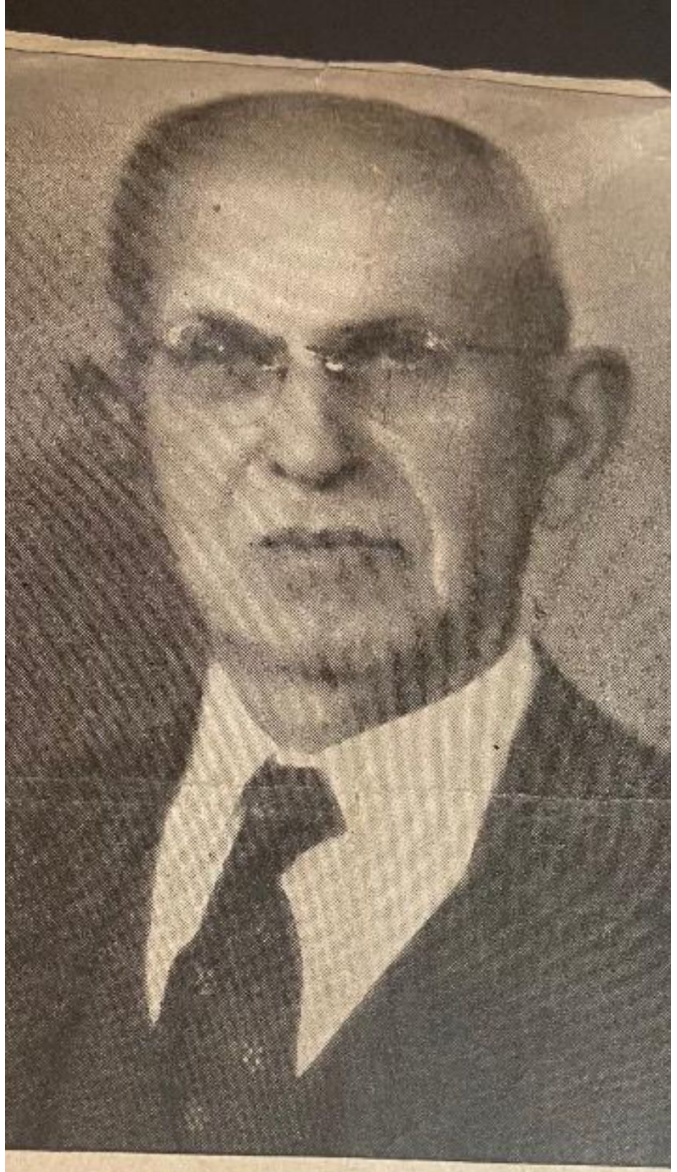
22. I hereby certify that I attended the deceased from May 16, 1949, to May 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 11:15 P m., from the causes and on the date stated above.

23a. SIGNATURE: F. J. Wright, Jr. — (Degree or title): M.D. — 23b. ADDRESS: Petersburg, Va. — 23c. DATE SIGNED: 5/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: May 24, 1949 — 24c. NAME OF CEMETERY OR CREMATORY: Blandford — 24d. LOCATION (City, town, or county) (State): Petersburg, Va

DATE REC'D BY LOCAL REG.: May 24, 1949 — REGISTRAR'S SIGNATURE: W. Thomas Mayes

25. FUNERAL DIRECTOR'S SIGNATURE: J. T. Morriss & Son Inc by W. O. Reames
ADDRESS: Petersburg



WALLACE MORGAN RUCKER

Petersburg, Virginia

1863 — 1938

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

17835

1 PLACE OF DEATH
COUNTY OF Dinwiddie
MAGISTERIAL DISTRICT OF
OR
INC. TOWN OF
OR
CITY OF Petersburg

REGISTRATION DISTRICT NO. 2260 REGISTERED NO. 279
(TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)

(No. 1150 W. Washington St. 5th WARD)
(If death occurred in a hospital or other institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds

2 FULL NAME Wallace Morgan Rucker

(A) RESIDENCE. No. 1150 W. Washington St. 5th WARD
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Eva Cook Rucker

6. DATE OF BIRTH (month, day, and year) March 23 1863

7. AGE

Years	Months	Days	IF LESS THAN 1 DAY, ... HRS. OR ..... MIN.
75	4	22	

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Retired

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Merchant (retail)

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) — 1920 —

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 50 yrs

12. BIRTHPLACE (city or town) Amelia Co.,
(State or country) Va.

FATHER

13. NAME John Harvey Rucker

14. BIRTHPLACE (city or town) Amelia Co.,
(State or country) Va.

MOTHER

15. MAIDEN NAME Hendricks

16. BIRTHPLACE (city or town) Amelia Co.,
(State or country) Va

17. INFORMANT J. Alfred Rucker,
(ADDRESS) Petersburg, Va.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Petersburg Va DATE Aug. 17/38

19. UNDERTAKER J. T. Mann & Son, Inc.
(ADDRESS) Petersburg, Va

20. FILED Aug 16 1938 J. Stubbard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 15, 1938

22. I HEREBY CERTIFY, THAT I ~~ATTENDED~~ DECEASED ~~FROM~~ August 1st, 1938, TO ....., 1....

I LAST SAW H..... ALIVE ON ....., 1....., DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS:

	Date of onset
Undetermined - Probably from history Coronary occlusion	
Died very suddenly -	8/15/38

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:

094-h

NAME OF OPERATION ..... DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? ..... WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
ACCIDENT, SUICIDE, OR HOMICIDE? ..... DATE OF INJURY ..... 1.....

WHERE DID INJURY OCCUR? .....
(Specify city or town, county, and State)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

MANNER OF INJURY .....

NATURE OF INJURY .....

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY .....

(SIGNED) E. L. McGill, Coroner, M. D.

(ADDRESS) Petersburg, Virginia