REC'D JUN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20066
Do not use this space.

1. PLACE OF DEATH
(a) County Washington — Registration District No. 885
(b) Township Belview — Primary Registration District No. 6177 — Registered No. 9
(c) or City Caledonia, Mo. — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Rutter Hays.
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Hays.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1898

7. AGE: Years 40 — Months 7 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caledonia Mo.

FATHER
13. NAME James Rutter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desloge Mo.

MOTHER
15. MAIDEN NAME Maggie Shaner.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desloge Mo.

17. INFORMANT (ADDRESS) James Hayes. Caledonia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia Mo. DATE May 13 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman White & Sons Ironton Mo.

20. FILED May 27, 1939 Ella White Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/30, 1938, to 5/12, 1939
I last saw her alive on 5/12, 1939. Death is said to have occurred on the date stated above, at 9.04 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
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) Jr. P. Hearfield, M.D.
(Address) Irondale, Mo

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.