

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8935
Registrar's No. 2418

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
912 So. Sarah 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 _____
years, months or days

8. (a) PRINT FULL NAME Narberry Rutherford

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Late Benjamin Rutherford 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3rd 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework at home

11. Industry or business _____

MOTHER FATHER { 12. Name George Marvel
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Jane Dodge
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Noble Rutherford

(b) Address 912 So. Sarah St.

17. (a) Burial (b) Date thereof 3-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kennett Missouri

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway

19. (a) MAR 12 1940 (b) J. F. Bedick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 912 So. Sarah St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1940 hour 7:25 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan 4
1940, to March 7, 1940.

that I last saw h. ER alive on 3/7/40, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Bronchitis

Due to Infirmities of age

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signature W. Mark Sherman (M. D. or other) _____
Address 4238 Manchester Date signed 3/12/40

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

Dr. Sherman

4238 H Manhattan
Fr: 5397 2-7

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 Edwin S. Mc Nemett

Licensed Embalmer No. 3024

P. O. Address

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, above space should be left blank.