

FILED APR 8 1940

Registration District No. 165Primary Registration District No. 5231Registrar's No. 19

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Stockton, Mo. Linn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community All of Life years, months or days)

8. (a) PRINT FULL NAME 3 Kathleen Ann Rutledge

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased March 9, 1940
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days 5 If less than one day _____ hr. _____ min.9. Birthplace Cedar County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Bron Rutledge
18. Birthplace Cedar County, Mo.
(City, town, or county) (State or foreign country)MOTHER FATHER { 14. Maiden name Nettie E. Jones
15. Birthplace NOBLE CO., Okla.
(City, town, or county) (State or foreign country)18. (a) Informant's own signature Bron Rutledge
(b) Address Stockton, Mo.17. (a) Okla. (b) Date thereof 3/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Okla.18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Mo.19. (a) March 14 (b) Mrs Minnie Bartlett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
 (c) City or town Stockton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14,
year 1940 hour 8 minute _____ A. M.21. I hereby certify that I attended the deceased from 3-10-40
3-10, 1940, to 3-14, 1940
that I last saw her alive on 3-14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Aspirated pneumonia
Due to aspirated amniotic fluids at birth

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy none

PHYSICIAN

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____28. Signature J. J. Seper D.O. (M. D. or other) _____
Address Stockton, Mo. Date signed 3-14-40

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 comply with the above constitutes grounds for revocation of license.)

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