

Registration District No. 734

Primary Registration District No. 5969

Registrar's No.

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Rural Salt River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. Cairo Mo.
(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 life
years, months or days 361

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Rural Salt River
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Cairo Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME WILLIAM NATHANIEL RUTHERFORD
8. (b) If veteran, name war _____
8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 11th
year 1940 hour Twelve minutes 50 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Rutherford 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Jan - 21 - 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 11, 1940, to Mar 11, 1940
that I last saw him alive on Mar 10, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Endocarditis ^{Duration}

8. AGE: Years 62 Months 1 Days 19
If less than one day _____ hr. _____ min.

Due to Septic influenza
Due to _____

9. Birthplace Randolph Co Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER
12. Name Nathaniel H. Rutherford
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Ann
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

Major findings: Of operations X
Of autopsy X
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Wm Rutherford
(b) Address R.F.D. Cairo Mo.
17. (a) Rural (b) Date thereof Mar - 12 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery
18. (a) Signature of funeral director How Funeral Home
(b) Address Moherly Missouri
19. (a) Mar 12 - 40 (b) John Ellough
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 900
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J.P. Allen (M. D. or other) !
Address Cairo Mo Date signed Mar 12

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.

RECEIVED

District Health Officer No: 10

District File Number 4-40-756

Date Filed APR 9 1940

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Meriden, 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, above space should be left blank.