

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26465

State File No.

Registration District No. 830Primary Registration District No. 6091Registrar's No. 24

1. PLACE OF DEATH:

- (a) County Shelby
 (b) City or town Bethel (Shelby)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (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 days3. (a) PRINT FULL NAME Bessie Elizabeth Rutter ³⁶⁰

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Charles W. Rutter 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased March 30 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
61 3 2 _____ hr. _____ min.9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business 912. Name Faret Chern 613. Birthplace Dont know
(City, town, or county) (State or foreign country)14. Maiden name Hennette Hartman
15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Raymond Rutter(b) Address Monroe City Mo.17. (a) Burial (b) Date thereof July 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Shelby Missouri18. (a) Signature of funeral director E. Hayes(b) Address Shelby Mo.19. (a) July 3-1940 (b) Ruth Jaeger
(Intercepted by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Shelby
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)

(c) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1940 hour 9:00 minute 0 a. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Car Wreck - Concussing BrainDue to Crossing in to the path
of oncoming carDue to her own hand.Dissect deemed unnecessary.Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence _____

(c) Where did injury occur? Shelby Shelby Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, or public place?
On Highway #36-2-Mo. West of ShelbinaWhile at work? _____ (e) Means of injury Concussion23. Signature Raymond Rutter 5
(M.D. or other)Address Bethel Mo Date signed 7/2/40

RECEIVED

District Health Officer No. 10

District File Number 9-40-1619

Date Filed AUG 10 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.....

Me....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. Hayes*.....

Licensed Embalmer No. 1437

P. O. Address Shelburne, Me

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.