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STANDARD CERTIFICATE OF DEATH

D. Penicot 11580
State File No. _____
Registrar's No. *37*

Registration District No. *651*

Primary Registration District No. *4388*

1. PLACE OF DEATH:

(a) County *Penicot*
(b) City or town *Canthersville*
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community *Life* _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Penicot* *78*
(c) City or town *Canthersville mo.* *1*
(If outside city or town limits, write "RURAL")
(d) Street No. *E 11th St.* _____ (If rural, give location) *2*
(e) If foreign born, how long in U. S. A.? _____ *0* years.

3. (a) PRINT FULL NAME *Maxie Wayne Rutherford*

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

4. Sex *Male* 5. Color or race *white* 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 _____
(Month) (Day) (Year) *1 2 21 1939*

8. AGE: Years Months Days If less than one day
1 2 24 hr. min.

9. Birthplace *Canthersville Missouri*
(City, town, or county) (State or foreign country)

10. Usual occupation *none*

11. Industry or business _____

MOTHER FATHER { 12. Name *Harvey Rutherford*
13. Birthplace *Penicot Co. Mo.*
(City, town, or county) (State or foreign country)
14. Maiden name *Grady's Harper*
15. Birthplace *Penicot*
(City, town, or county) (State or foreign country)

16. (a) Informant's name *Mrs. Gladys Harper*
(b) Address *Canthersville mo.*

17. (a) *Burial* (b) Date thereof *3-17-41*
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation *Maple Cemetery*

18. (a) Signature of funeral director *W. J. Smith*
(b) Address *Canthersville Mo.*

19. (a) *March 29, 1941* (b) *E. A. Maters*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *3* day *15*
year *41* hour *5* minute *30 p. M.*

21. I hereby certify that I attended the deceased from
3-15- 19*41*, to *3-16-* 19*41*;
that I last saw him alive on *3-15-* 19*41*;
and that death occurred on the date and hour stated above.

Immediate cause of death *Broncho Pneumonia* Duration *3 days*

Due to *Measles* *7 days*

Due to _____
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) _____
(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?

5:05 _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature *J. R. Finion* (M. D. or other) *11*
Address *Canthersville, Mo.* Date signed *3/15/41*

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

4-41-12

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, fact should be so stated above.