No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13206

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 3636

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

0
7
9

1. PLACE OF DEATH:
(a) County St Louis Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Two Weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City NRR
(If outside city or town limits, write "RURAL")
(d) Street No. 803 Jackson 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Jeptha Winson Rutledge
3. (b) If veteran, name war 0
3. (c) Social Security No 702-14-4280
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorothy
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased DEC. (Month) 9 (Day) 1883 (Year)

8. AGE: Years 57 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Boone Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Conductor - Mo-Pacific R.R.
11. Industry or business
FATHER
12. Name Andrew H. Rutledge
13. Birthplace Boone Co Mo 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dorothy Rader
15. Birthplace Boone Co. Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Dorothy Rader
(b) Address Jefferson City Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/29/41 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) APR 28 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 11 minute 55 A M.
21. I hereby certify that I attended the deceased from April 10, 1941, to April 27, 1941
that I last saw him alive on Alive date 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Encephalitis Non Epidemic 107	
Due to	
Other conditions (Include pregnancy within 3 months of death) Terminal bronchopneumonia	
Major findings: Of operations 7	
Of autopsy 107	

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address Mo-Pac. Hospital Date signed 4-27-41

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.....

Registration District No..... Primary Registration District No..... Registrar's No.....

1. PLACE OF DEATH:
(a) County.....
(b) City or town.....
(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..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

JUN 2 1947

3. (a) PRINT FULL NAME.....

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

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

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)

8. AGE: Years | Months | Days | If less than one day: hr. ..... min.

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

10. Usual occupation.....
11. Industry or business.....
12. Father's name.....
13. Birthplace..... (State or foreign country)
14. Mother's maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)
16. (a) Informant.....
(b) Address.....

17. (a) Place: burial, cremation, or removal..... (Month) (Day) (Year)
(b) Address.....
18. (a) Signature of undertaker.....
(b) Address.....
19. (a) ..... (b) .....
(Date received local registrar) (Signature of registrar's signature)

20. DATE OF DEATH: Month..... day.....
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to ..... 19.....
that I last saw it alive on ..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Due to.....
Due to.....

JAN 30 1947

MEDICAL CERTIFICATION

Other conditions.....
Major findings: (Specify within 3 months of death)
Or autopsy.....

PHYSICIAN

Underline the cause 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? (Specify type of place)
23. Signature..... (M. D. or other)
Address..... Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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 working under my personal supervision.

Signed..... Licensed Embalmer No. 3575

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.

(RECORD)

USE OF BLACK INK—PLEASE WRITE LEGIBLY

No. 2
-13-40
17-39
X2515