No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1941

Registration District No. 7 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3011

State File No. 28037

Registrar's No. 1057

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

In this community: unknown 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 048

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 2817 Holmes
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 1

3. (a) PRINT FULL NAME: Walter John Rutherford

3. (b) If veteran, name war: Peace Time Service

3. (c) Social Security No.: 552-01-6344 Yes-not remembered

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Edith Rutherford

6. (c) Age of husband or wife if alive: 31 years

7. Birth date of deceased: May 17, 1906 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
35	2	18	hr. min.

9. Birthplace: Chillicothe, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Truck Driver

11. Industry or business: Unknown

FATHER
12. Name: Herman S. Rutherford
13. Birthplace: Marshall (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Delia Tanner
15. Birthplace: Chillicothe, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Hospital Records

(b) Address: Veterans Administration, Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 7, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Liberty, Mo.

18. (a) Signature of funeral director: Morton Funeral Home

(b) Address: North K. C. Mo.

19. (a) Aug 8-1941 (Date received local registrar) (b) Mrs Rea McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 4 year: 1941 hour: 2:20 minute: P. M.

21. I hereby certify that I attended the deceased from August 3, 1941 to August 4, 1941 that I last saw him alive on August 4, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Asthma, severe	
Pulmonary Edema	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

112

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? -- (Specify type of place)

While at work? (e) Means of injury:

23. Signature: E. A. Welch (M. D. or other)
E. A. WELCH, M. D.

Address: Veterans Administration Date signed: 8-6-41

100 (Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Mo.

RECEIVED
District Health Officer No. 8,
District File Number 9-3-41
Date Filed

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 Harold L. Posson, Registered Apprentice No. ____ working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.