. S. No. 2
1—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 653

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5864

State File No. 11546

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti Rural Hayti Tw
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pemiscot County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Cooter
(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.? 0 years.

3. (a) PRINT FULL NAME Seth Rutlege

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male n

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 8 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	8	28	hr. min.

9. Birthplace Chester County Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business farming

FATHER
12. Name William M. Rutlege
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Mc Roberts
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. D. Randolph
(b) Address Hayti Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-42
(Month) (Day) (Year)
(c) Place: burial or cremation Cooter Mo

18. (a) Signature of funeral director Ray Funeral Home
(b) Address Hayti Mo.

19. (a) 3-31, 42 (Date received local registrar) (b) Mrs. Opal McCloskey (Registrar's signature)

1214

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1942 hour 6 45 minute a M.

21. I hereby certify that I attended the deceased from 3-24- 1942 to 3-26 1942
that I last saw him alive on 3-25-26 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration 4-5 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131b

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Fred L. Ogilvie (M. D. or other) Hotticen
Address Canathensville Mo Date signed 3/30/42

(Licensed Embalmer's Statement on Reverse Side)

4-42-18

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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Hayti 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.