

Registration District No. 90

Primary Registration District No. 5229

Registrar's No.

1. PLACE OF DEATH:

(a) County CRAWFORD OAKHILL TOWNSHIP
(b) City or town CUBA RURAL
(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
In this community 9 YEARS
years, months or days

3. (a) PRINT FULL NAME DAISY RUTZ

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

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

6. (b) Name of husband or wife JOHN W. RUTZ 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JULY 23 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Day 28 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name ISAAC McINTOSH

13. Birthplace RED BIRD MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA E. HAMILTON

15. Birthplace CUBA (Route) MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Rutz
(b) Address Cuba, Mo. Route 1

17. (a) BURIAL (b) Date thereof June 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director W. J. Hottenstroeter
(b) Address Owensville, Mo.

19. (a) July 4 (b) Lillie Rodgers
(Date received total register fee) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRAWFORD
(c) City or town CUBA RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NORTH of CUBA
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 21
year 1941 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Mar, 1941
19 to June 21, 1941

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

Immediate cause of death Coronary Embolus

Due to Chronic Myocarditis

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

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?

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

23. Signature William H. Brewer (M. D. or other)
Address St. James, Mo Date signed 6-21

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

200

2800

U

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 M. S.

Registered Apprentice No. _____

working under my personal supervision.

Signed _____ # 3,838

Licensed Embalmer No. Melvin E. Wain

P. O. Address. Owensville, Ia

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.