. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30585

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 404

49
2
5

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 318 N. Washington /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 48
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 322 N. Washington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ruanna Rutter Smith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 4 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Ludington Mich. /
(City, town, or county) (State or foreign country)
10. Usual occupation housekeeper
11. Industry or business
FATHER
12. Name Clark Luellan
13. Birthplace N.Y. /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bell Lukens
15. Birthplace Canton Ohio. /
(City, town, or county) (State or foreign country)
16. (a) Informant Clarence Rutter
(b) Address 318, N. Washington Joplin Mo.
17. (a) burial (b) Date thereof Sept. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin Joplin Mo.
19. (a) 9-21-42 (b) Gertrude Sudhoelter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1942 hour 8 minute 40 A. M.
21. I hereby certify that I attended the deceased from Sept 18, 1942, to to Sept 20, 1942, that I last saw her alive on Sept 20, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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 Dr J M Gray (M. D. or other) 0
Address 318 N Schiffendecker Joplin Date signed 9-21-42

Dr Gray

251
5/42

1204

(Licensed Embalmer's Statement on Reverse Side)

42-[illegible]-9-770

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jefferson 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, fact should be so stated above.