V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37874

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 194

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
Woodland Hospital 0
(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: 88

(a) State Missouri (b) County Randolph 0

(c) City or town Huntsville 0
(If outside city or town limits, write "RURAL")

(d) Street No. South Main
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Jack Dabney Rutherford /

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

4. Sex Male 5. Color or race 0 White 6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Mrs. Ada Rutherford 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 14 (Day) 1872 (Year)

8. AGE: Years 70 Months 6 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Randolph County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Insurance Executive

11. Industry or business .....

FATHER
12. Name William A. Rutherford
13. Birthplace Macon County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Jane Frances Lay
15. Birthplace Randolph County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Ada Rutherford
(b) Address Huntsville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/6/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville

18. (a) Signature of funeral director Tom B Pattison
(b) Address Huntsville Mo

19. (a) Nov. 20-42 (Date received local registrar) (b) Irma Rave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4 year 1942 hour 10:00 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from October 27, 1942, to November 4, 1942 that I last saw him alive on November 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 1 week

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

94a

Major findings:
Of operations ✓

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 [signature] (M. D. or other) M.D.

Address Moberly, Missouri Date signed Nov. 20, 1942

1056

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1942

RECEIVED
District Health Officer No. 10
District File Number 12-42-3089
Date Filed DEC - 7 1942

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Mi

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.