

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED

SEP 10 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 716

19
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 522 E. Pacific
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 522 E. Pacific
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME

Mabel Rutledge

3. (b) If veteran, name war no.

3. (c) Social Security No. unk

4. Sex Female / Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June 1 1911
(Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days 28
If less than one day hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name James Rutledge

13. Birthplace unk. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Isa Balden

15. Birthplace unk. Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Rutledge

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Sept. 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brick Church Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-1-43 (b) H. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1943 hour 12 minute 5 a.m.

21. I hereby certify that I attended the deceased from Jan. 25, 1938, to Aug 28, 1943
that I last saw her alive on Aug 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Meningitis

Due to Pulmonary Tuberculosis

Due to _____

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

Major findings: Of operations _____

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 E. E. Glenn (M. D. or other) _____

Address Springfield, Mo. Date signed 9-30-43

Duration

7 da.

10 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Keith Collier

Licensed Embalmer No.....

3632

P. O. Address.....

Springfield, 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.