

FILED FEB 9 1944  
Registration District No. 92

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
2018 Francis Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... Not  
(Specify whether years, months or days)

In this community... 30 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 322 1/2 Sylvania Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John Thomas Rutter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive... years \_\_\_\_\_

7. Birth date of deceased August 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 5 0 hr. min.

9. Birthplace Hardin County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Farm

12. Name William P. Rutter

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

14. Maiden name Amanda Steele

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

16. (a) Informant James A. Rutter

(b) Address Rural #4, St. Joseph, Missouri

17. (a) Burial (b) Date thereof 1/13/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Rutter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 1-13-44 (b) Roe Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th.  
year 1944 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 31  
1943 to Jan 11 1944  
that I last saw him alive on Jan 11  
and that death occurred on the date and hour stated above.

Immediate cause of death hemiplegia 24 hours  
arteriosclerosis 10 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 830  
(Include pregnancy within 3 months of death)

Major findings: ✓  
Of operations ✓  
Of autopsy ✓

Duration

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? \_\_\_\_\_

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

23. Charles H. Warner (M. D. or other) 1-12-1944  
Address 221 Hinkley Park Bldg. Date signed \_\_\_\_\_

**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..... *Albert C. Harrington* .....

Licensed Embalmer No. 3258 Missouri

P. O. Address..... St. Joseph, Missouri.....

**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.**