

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18671

State File No. _____

FILED JUN 9 1944

Registration District No. _____

Primary Registration District No. 4322

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(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 None
(Specify whether
In this community All His Life
years, months or days)

3. (a) PRINT FULL NAME James P. Rutledge

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

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

6. (b) Name of husband or wife Lucy Rutledge 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 25 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 12 hr. min.

9. Birthplace Mercer Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Frank Rutledge

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

14. Maiden name Sarah Wright

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

16. (a) Informant William Rutledge

(b) Address Princeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9-44
(Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 5-8-44 (Date received local registrar) (b) Evan Martin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1944 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from March 1st 1944 to May 6 1944
that I last saw him alive on May 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYO-CARDI-TIS and MYO-CARDIAL DEGENERATION
Due to _____

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

Major findings:
Of operations _____
Of autopsy 93d

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)
(c) Means of injury 2

23. Signature Alfred C. Taff (M. D. or other) D.O.
Address Princeton Date signed 5-8-44

1307

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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, by
....., Registered Apprentice No.
working under my personal supervision.

Signed H. Ivan Martin
Licensed Embalmer No. 3760
P. O. Address Director, 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.