

No. 2
-2-43
-17-39
X35897

FILED APR 25 1945

Registration District No. 206

Primary Registration District No. 2001

Registrar's No. 171

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1701 Missouri
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Ruttrell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1945 hour 6 minute 30 a.m.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Justin

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased July 5 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1944 to 1945 that I last saw her alive on 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke - fracture skull - hole in head

Due to Loss of cerebral spinal fluid

8. AGE: Years 39 Months 9 Days 10 If less than one day _____ hr. _____ min.

Duration _____

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

9. Birthplace Garfield Arkansas
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation _____

Major findings: Of operations _____

11. Industry or business House wife

Of autopsy yes

12. Name Robert Lane

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

14. Maiden name Bertrude Gausson

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

16. (a) Informant Floyd Lane

(b) Address Mosho, Mo

17. (a) Removal (b) Date thereof April 17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roadhouse, etc.

18. (a) Signature of funeral director Harshel Wilson

(b) Address Joplin, Missouri

19. (a) 4-17-45 (b) Justin Rudholter
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTAL INFORMATION

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 4-13-45

(c) Where did injury occur? Joplin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place
(Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature A. J. Frost
(Date received local registrar)

Address 3114 Joplin Date signed 4/17/45

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

45-H-329

DEC 9 1952

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.....

Cecilia Hornhill

Licensed Embalmer No.....

3590

P. O. Address.....

Joplin 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.

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Jasper
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Mary Luttrell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased July 5 1905
(Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 13 Year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him _____ and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull - loss of cerebral spinal fluid

Due to Auto accident

Due to While crossing Main St

Other conditions middle of stroke

Major findings: Of operations _____

Of autopsy Unavoidable

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 4-13-45

(c) Where did injury occur? Jasper Jasper MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

(e) Means of injury Auto

23. Signature R W Proffitt (M. D. or other) do
Address 2114 Jasper Date signed 4/14/45

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

SUPPLEMENTAL

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13688