

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF HEALTH
BUREAU OF THE CENTRAL
FILED AUG 20 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26559

State File No. _____
Registrar's No. 9

Registration District No. 60 Primary Registration District No. 4106

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Jerico Springs, Missouri
 (c) Name of hospital or institution: XXXXXX /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XXXXXXXX
 In this community All of his life
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MIDDEAN C. RUTLEDGE

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

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

6. (b) Name of husband or wife Jennie Rutledge 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 17, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>0</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Farming

11. Industry or business XXXXXXXXXX

12. Name James G. Rutledge

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

14. Maiden name Mary D. Sappington

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

16. (a) Informant Pearl Mathews

(b) Address Stammyan, Missouri

17. (a) Burial (b) Date thereof 7-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton City Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address Stockton, Missouri

19. (a) 7-30-46 (b) Maida M. Ellis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
 (c) City or town Jerico Springs, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. XXXXXXXXXX
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country XXXXXXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10
28 1942 to 7-25-1946
that I last saw him alive on 7-25-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerotic Hypertension
Other conditions (include pregnancy within 3 months of death) 1

Major findings:
Of operations 830
Of autopsy _____

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

(c) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (d) Where did injury occur? _____ (City or town) (County) (State)
 (e) 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 Wm B. Kistler (M. D. or other)
 Address Stockton, Mo. Date signed 7-19-46

Duration
Physician
Underline the cause to which death should be charged statistically.

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

25405

RECEIVED

District Health Officer No. 7

District File Number 7-46-817

Date Filed 8-14-46

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 *W. Melvin Church*

Licensed Embalmer No. *13272*

P. O. Address *Stockton, 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.