

No. 2
—8-43
5-17-39
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FILED 11 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20170

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 804

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:
Nursing Home 217 South 18th. Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo - 23 days
(Specify whether
In this community 24 years
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. 1708 Howard St. / 7
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Robert Worthy Rutter

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

3. (c) Social Security

No. None

4. Sex Male 0

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 October 15 1877
(Month) (Day) (Year)

8. AGE: Years Months Days
69 8 13

If less than one day hr. min.

9. Birthplace Tecumseh
(City, town, or county)

Nebraska /
(State or foreign country)

10. Usual occupation Laborer

11. Industry or business

William P. Rutter

MOTHER FATHER

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12. Name James A. Rutter

13. Birthplace Unknown
(City, town, or county)

Ohio /
(State or foreign country)

14. Maiden name Amanda H. Steele

15. Birthplace Unknown
(City, town, or county)

Ohio /
(State or foreign country)

16. (a) Informant James A. Rutter
(b) Address 1708 Howard St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6/30/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun, S. Joseph, Missouri

19. (a) 6-30-47 (b) To L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th, year 1947 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from May 24-47 to June 28, 1947 that I last saw him alive on June 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 11 hours
Due to Arteriosclerosis ?

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83A
Of autopsy

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?

(Specify type of place) 2
While at work (Specify means of injury)
23. Signature Clifford D. Steidley (Physician or other) 20
Address 801 1/2 Francis St. Date signed 6/28/47

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

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.....

George Angermuehle

....., Registered Apprentice No. *508*

working under my personal supervision.

Signed *Walter Minchopper Jr*

Licensed Embalmer No. *4244*

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.