

FILED MAR 29 1948

Registration District No. 2005

Primary Registration District No. 2005

Registrar's No. ....

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. John's Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0.5 hrs.  
(Specify whether all his life years, months or days)

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. 1209 Illinois  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME WILFORD DAN RUTHERFORD

3. (b) If veteran, name war .....

3. (c) Social Security No. 500-09-0414

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

6. (b) Name of husband or wife Dec. Viola Eva Rutherford 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased February 1st, 1893  
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation Factory Worker

11. Industry or business Miller Mfg. Co.

12. Name ?? Rutherford

13. Birthplace no record (City, town, or county) (State or foreign country)

14. Present Mrs. Ella Brock (City, town, or county) (State or foreign country)

15. ~~Residence~~ Santa Barbara, Calif. (City, town, or county) (State or foreign country)

16. (a) Informant Jack Rutherford  
(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 3-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Parker-Hunsaker  
(b) Address Joplin, Mo.

19. (a) 3-17-48 (b) Arthur Samplins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1948 hour 11:25 minute P. M.

21. I hereby certify that I attended the deceased from did not attend 19: and that I last saw him alive on 19: and that death occurred on the date and hour stated above.

Immediate cause of death Fractured

Due to 1-2-3-4-5 Cervical vertebrae

Due to Internal hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NO Of autopsy NO

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

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

(b) Date of occurrence 3/10/48

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

(d) Did injury occur in or about home, on factory or industrial place, in public place? Public place caught while at work  
(Specify type of place)

(e) Means of injury by train

Signature W. J. Barrett or other do

Address 2114 Joplin Date signed 3/16/48

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

MOTHER FATHER

49  
23

79  
2  
5  
0

FEB 10 1948

MAR 23 1948  
JUN 23 1948

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

*F. M. Jones*

Licensed Embalmer No. 2319

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.