

No. 300
M-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 17255
Registrar's No. 21

Registration District No. 293

Primary Registration District No. 6015

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville--R.F.D.
(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 _____ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. R.F.D.
(If rural, give location)

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

If yes, name country _____

3: (a) PRINT FULL NAME Marian (Bea) Walden Rutherford

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1948 hour 11:00 A.M. minute _____ M.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife William Rutherford

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August 2 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1939 to May 28 1948
that I last saw her alive on May 28 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death Schistosoma C.A. of L. Brent 9 yr

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

10. Usual occupation housewife

Due to _____

Due to _____

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

11. Industry or business _____

12. Name James Walden

13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Robinson

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

Major findings: CA-50

Of operations _____

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. William Rutherford

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof: 5/30/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director: Tom B. Petton

(b) Address Huntsville, Mo

19. (a) 5-29-1948 (b) Mr. D. A. Bernhart
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature Dr. Dreyer (M. D. or other) MD

Address Huntsville Mo. Date signed 5/29/48

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

800

RECEIVED
District Health Officer No. 10
District File Number 6-48977
Date Filed JUN 2 - 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 Tom B Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville, 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.