DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1949

Registration District No. 369

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42313

Primary Registration District No. 4539

Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County: WAYNE
(b) City or town: WILLIAMSVILLE
(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: 20 years
years, months or days)

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

3. (a) PRINT FULL NAME: JOHN TRUSTON RUTLEDGE
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Oct. (Month) 9 (Day) 1878 (Year)

8. AGE: Years 70 | Months 2 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Piedmont (City, town, or county) Mo (State or foreign country)
10. Usual occupation: farmer
11. Industry or business: agriculture
MOTHER FATHER
12. Name: George Rutledge
13. Birthplace: Wayne Co. (City, town, or county) Mo (State or foreign country)
14. Maiden name: Sarah Clark
15. Birthplace: Wayne Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Joe Watts
(b) Address: Williamsville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 18 1949 (Month) (Day) (Year)
(c) Place: burial or cremation: Williamsville Cemetery
18. (a) Signature of funeral director: G. S. Marshall
(b) Address: Greenville Mo
19. (a) 1-4 1949 (Date received local registrar) (b) Susie E. Pikes (Registrar's signature) 340

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th year 1948 hour 3 PM minute ____ M.
21. I hereby certify that I attended the deceased from Dec 10 1948, to Dec 15 1948, that I last saw him alive on Dec 15 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions: Endocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: Lobar Pneumonia

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)
While at work? (e) Means of injury: 0

23. Signature: Adam F. Wagner (M. D. ~~or other~~)
Address: Greenville Mo Date signed 12-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 149-73

1-11-49

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 me, Registered Apprentice No.

working under my personal supervision.

Signed Eric S. Marshall

Licensed Embalmer No. 4601

P. O. Address Greenville Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.