

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10811

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township _____ Primary Registration District No. 209 Registered No. 286
(c) City Springfield (d) Street No. 1047 W. Harrison St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

INFANT SON - DAVE RUTLEDGE 343
(a) Residence, No. 1047 W. Harrison St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Mo.

FATHER 13. NAME Dave Rutledge

14. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Jessie Patrick

16. BIRTHPLACE (CITY OR TOWN) Red Springs (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Dave Rutledge
1047 W. Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 3/31 1938

19. FUNERAL DIRECTOR (ADDRESS) Henry R. Sawyer
Springfield, Mo.

20. FILED Mar 31 1938 Chas. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30th, 1938, to March 30th, 1938
Last saw him alive on March 30th, 1938 Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

Premature Birth
mother
(about 6 Months)
pregnant, still born
Other contributory causes of importance: none.

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) J. E. Payne, M. D.

(Address) Springfield, Missouri

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)

This body was not embalmed

H.H. Lohmeyer Funeral Home