

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

14721
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County Greene Registration District No. 328
 (b) Township Greene Primary Registration District No. 5459 Registered No. _____
 (c) City _____ (d) Street No. Greene County Farm 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 7 yrs. mos. ds.

2. PRINT FULL NAME

Elery Matthias Rutherford 361
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 9 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm Labor
 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation Life

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

FATHER 13. NAME Wesley B. Rutherford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Edna Grimes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Elery Rutherford

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE April 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hervey Funeral Home

Greene Missouri

20. FILED 4-18, 1938 Gene H. Law Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1938 to April 17, 1938
 I last saw him alive on April 1st, 1938 Death is said

to have occurred on the date stated above, at 8:00
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 4/10/38

Other contributory causes of importance: myocarditis 1937

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) D. E. Duff, M. D.

300 (Address) 800 1/2 Main St

Greene Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Clifford Oberg

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Clifford Oberg

Licensed Embalmer No.

3423

P. O. Address

Trenton 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, above space should be left blank.