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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2577

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 17

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 2

(c) City or town Springfield (If outside city or town limits write "RURAL") 6

(d) Street No. Rt. 11, (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Dale Rutledge

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased Feb. (Month) 26. (Day) 1926 (Year)

8. AGE: Years 14 Months 10 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Brownell (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name John Rutledge
13. Birthplace Cedar Gap (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Audie Crabtree
15. Birthplace Galena (City, town, or county) Mo. (State or foreign country)

16. (a) Informant John Rutledge

(b) Address Rt. 11, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/41 (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield

19. (a) 1-9-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1941 hour 5 minute 55 P M.

21. I hereby certify that I attended the deceased from Jan. 5, 1941, to Jan 6, 1941; that I last saw him alive on Jan 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebro-spinal meningitis	48 hrs
Due to Meningococcus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature F. B. Clemp (M. D. or other)

Address Springfield Date signed 1-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W Walnut

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.