

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

T.R. Twiss  
State File No. 2927  
Registrar's No. 3

FILED FEB 11 1942 2580

Registration District No. 5777

Registrar's No. 3

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

1. PLACE OF DEATH: Monroe  
(a) County Monroe  
(b) City or town Union Tpt Rurd  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or (days)

3. (a) PRINT FULL NAME Leola Agnes Rutter  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

4. Sex Female 5. Color or face White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Rebre Rutter  
6. (c) Age of husband or wife if alive 16 years  
7. Birth date of deceased May 16 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 12  
If less than one day hr. min.

9. Birthplace Madras Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name John Hoffman

13. Birthplace Primm  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Seigley

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Louise Breid

(b) Address Liberty MO

17. (a) Burial (b) Date thereof 1-30-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo cem

18. (a) Signature of funeral director M. Medaas  
(b) Address Centralia Mo

19. (a) 1/30-1942 (b) W. B. Hedberg  
(Date received local registrar) (Signature of local registrar)

2. USUAL RESIDENCE OF DECEASED: 69  
(a) State Missouri (b) County Monroe  
(c) City or town Union Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Jan  
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 27, 1942 to Jan 28, 1942  
that I last saw her alive on Jan 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris 3 days

Due to acute myocarditis 7 mks

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94 R

Of autopsy \_\_\_\_\_

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 W. B. Hedberg M.D. (M. D. or other) ✓  
Address Madison, Mo. Date signed 1/30/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1108 Mo. Board of Health's Statement on Reverse Side)

1/31/42

FEB 11 1942

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 *M. J. McQuinn*

Licensed Embalmer No. *2589*

P. O. Address: *Centralia 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.