

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(c) Name of hospital or institution: 3016 Mc Gee Traffic Way
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 yrs (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3016 Mc Gee Traffic Way
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Walter Rutherford

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Katherine Carrie Vordermark 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Nov 3 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>2</u>	hr. min.

9. Birthplace No Record (City, town, or county) (State or foreign country)

10. Usual occupation Retired Baggage and Mail handler

11. Industry or business handler

12. Name Owen Rutherford

13. Birthplace Mt Vernon Illindis (City, town, or county) (State or foreign country)

14. Maiden name Margaret Ruff

15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Thomas Rutherford

(b) Address 3016 Mc Gee Traffic Way

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ap 10 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 4-8-43 (Date received local registry) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5 year 1943 hour 5:05 minute P. M.

21. I hereby certify that I attended the deceased from Coroner 1943 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic heart disease Duration

Due to 93%

Due to 93%
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Impulsion of heart

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?

While at work (Specify type of place) (Means of injury)

23. Signature [Signature] 3 (M. D. or other)

Address R.C. Mo. Date signed 4/5/43

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

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 *Denzil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *P. O. 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.)

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