

JUL 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22276

State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Louisiana
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pike County Hospital
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
 (c) City or town Vandalia Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY ELLEN RUTHERFORD

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Samuel Thomas Rutherford 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased October 5 1878
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>23</u>	hr. min.

9. Birthplace Pike Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Jefferson Goodman
 13. Birthplace Pike County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucy E. Neal
 15. Birthplace Pike County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Willard Reamer
 (b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof 6/30-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Mo.

18. (a) Signature of funeral director W. S. Waters
 (b) Address Vandalia, Mo.

19. (a) 6-29-44 (b) J. H. Haley
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
 year 1944 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death acute rheumatoid arthritis
hepatitis

Due to Chronic Cholecystitis

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations Perforated 12th rib
Small Bladder - Perforated
 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 None

(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 _____? (Specify type of place)
 (c) Means of injury _____

23. Signature J. H. Haley (M. D. or _____)
 Address Vandalia, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 7-44-1292

Date Filed JUL 11 1944

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 H. S. Waters

Licensed Embalmer No. 4298

P. O. Address Vandalia 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.