

U. S. No. 2
OM-8-43
Rev. 5-17-39
I X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2304**
Registrar's No. **54**

FILED FEB 7 1946

Registration District No. **77** Primary Registration District No. **3008**

14
1
2
302
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution State Hospital No 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 yrs 28 d
(Specify whether years, months or days)

In this community 26 yrs 28 d
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia Rutledge

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

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife David Rutledge 6. (c) Age of husband or wife if alive Deceased years _____

7. Birth date of deceased Dec 31 1863
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|--------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>82</u> | | <u>21</u> | hr. _____ min. _____ |

9. Birthplace Mt. Sterling Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Malesher C. Noel

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

14. Maiden name Sarah C. Woods

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

16. (a) Informant Record

(b) Address _____

17. (a) Burial (b) Date thereof 1/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callaway Funeral Home

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

(b) Address Fulton Mo

19. (a) 1-25-46 (b) Joan Morickhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Centralia
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1946 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from 1-10-46, 19____, to 1-22-46, 19____;

that I last saw her alive on 1-22-46, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to Fractured Hip

Due to _____

Other conditions 18 30
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 1-8-46

(c) Where did injury occur? Fulton Callaway Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hospital No 1
(Specify type of place)

While at work? No (e) Means of injury fell out of bed

23. Signature George H. Reams (M. D. or other) M.D.

Address Fulton Mo Date signed 1-22-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-5-46

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 Benjil C. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton 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.