S. No. 2
M—8-43
5-17-39
P.I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10306

State File No.

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural - Rolla Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rolla Twp 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lemuel Rutledge

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Maled

5. Color or race White

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

6. (b) Name of husband or wife Agnes Rutledge

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August (Month) 7 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	7	19	hr. min.

9. Birthplace Reynolds County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Taylor Rutledge /
13. Birthplace Unknown (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Emily Wilson /
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs. Agnes Rutledge
(b) Address Rt. 1 - Rolla, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Smith-Hollow [signature]
(b) Address Rolla, Mo.

19. (a) 4-5-47 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1947 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from mar 26, 1947 to mar 26, 1947
that I last saw him alive on mar 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage.	1 hr.
Due to	
Due to	
Other conditions Hypertension (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 0

23. Signature E. E. [signature] (M. D. or other)
Address Rolla Mo Date signed 3-30-47

380 (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 J. H. Hallaw

Licensed Embalmer No. 3643

P. O. Address Rollin, 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.