V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1947

Registration District No. 122

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13229

Primary Registration District No. 5455

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Green

(b) City or town Republic #2 Mo
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green 39

(c) City or town Republic Rural Rt 2 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country —

3. (a) PRINT FULL NAME ELLA. B. RUTLEDGE

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 WIDOW

6. (b) Name of husband ~~or wife~~ CHARLIE RUTLEDGE

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

7. Birth date of deceased 11 (Month) 9 (Day) 1865 (Year)

8. AGE: Years 82 | Months 4 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace GREEN CO (City, town, or county) 0 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business .....

FATHER
12. Name 9
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name ELLA. B. MCKEE
15. Birthplace SPRINGFIELD MO (City, town, or county) 0 (State or foreign country)

16. (a) Informant Henry RUTLEDGE
(b) Address REPUBLIC MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 2 1947 (Month) (Day) (Year)
(c) Place: burial or cremation EVERGREEN

18. (a) Signature of funeral director R. E. Thurman Und. Co.
(b) Address Republic, Mo.

19. (a) Apr. 2 1947 (Date received local registrar) (b) Florence Britain (Registrar's signature) 10-5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 3 hour a m ~~minute~~ M.

21. I hereby certify that I attended the deceased from April 2 April 3, 1947 to April 3, 1947; that I last saw her alive on April 2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage unilateral Paralysis

Due to Hypertension

Due to .....

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

Major findings:
Of operations none

Of autopsy no

Duration

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (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. L. Beal (M. D. or other) M. D.

Address Republic Mo Date signed Apr 3-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 47-4-48
Date Filed 4-28-47

JUN 4 1957

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 R. E. Pierson

Licensed Embalmer No. 503

P. O. Address Springfield 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.