FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21306
State File No.

Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 5371

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri Baptist Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. NR 920 Church St. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Sabea E. Rutherford
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife J.T. Rutherford
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 22 (Day) 1869 (Year)

8. AGE: Years 78 Months 9 Days 20 If less than one day hr. min.
9. Birthplace Black River Falls (City, town, or county) Wisconsin (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Tyler Baker
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Betsy Russell
15. Birthplace England (City, town, or county) (State or foreign country) 4
16. (a) Informant W.C. Smith
(b) Address Hannibal, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sterling, Nebraska
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12 year 1948 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from May 8, 1948, to June 12, 1948, that I last saw her alive on June 11, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	
Due to:	
Due to:	
Other conditions: Rheumatoid arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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
23. Signature J. F. Bergman (M. D. or other) M.D.
Address 320 Washington Date signed 6/12/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

5371

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 Elmer R. Sadwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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