FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25532

Primary Registration District No. 1000

Registrar's No. 909

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 1 Week (Specify whether years, months or days)

In this community: 6 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 2924 Monterey Street
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Lawrence Rutledge

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: November 17 - 1933 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
14	9	9	hr. min.

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

10. Usual occupation: Student Sophomore

11. Industry or business: Christian Brothers High School

FATHER

12. Name: H.P.Rutledge

13. Birthplace: Troy Mo. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Helen Gregory

15. Birthplace: Agency Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: H.P.Rutledge

(b) Address: 2924 Monterey St., St.Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/28/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Hermann W. Siderfadon

(b) Address: 1802 Union St. Joseph Mo.

19. (a) 8-31-48 (Date received local registrar) (b) E. L. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 26 year: 1948 hour: 5 minute: 45 AM.

21. I hereby certify that I attended the deceased from: Aug 19, 1948, to Aug 25, 1948, that I last saw him alive on: Aug 25, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage into Brain	8/19/48
Due to: Laceration of Brain	8/19/48
Due to: Severe Contusion to Head	8/19/48
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: No
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): accident

(b) Date of occurrence: 8/19/48 1 PM

(c) Where did injury occur? St. Joseph Buchanan Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place - City Street (Specify type of place)

While at work? No (e) Means of injury: motor vehicle accident

23. Signature: Paul H. Hardigan (M. D. or other)

Address: 620 Francis St., St. Joseph, Mo. Date signed: 8/27/48

Jefferson City Printing Co.

(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 Elmer Thomas

Licensed Embalmer No. -2640

P. O. Address St. Joseph M

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

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