

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1367

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 15 days		d. STREET ADDRESS (If rural, give location) 1708 Howard Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) James Alfinus Rutter			4. DATE OF DEATH (Month) (Day) (Year) December 6, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 16, 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Tecumseh, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William P. Rutter		13b. MOTHER'S MAIDEN NAME Amanda Steele		14. NAME OF HUSBAND OR WIFE Bertha Rutter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No *****		16. SOCIAL SECURITY NO. 486-30-2587		17. INFORMANT'S SIGNATURE OR NAME Willis F. Rutter	
				ADDRESS St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 16 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fract Left Rib DUE TO (c) <del>Fract Left Rib</del> Phlebitis Rt Leg		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Employment Bldg		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (AR) St. Joseph Buchanan Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 22 1949		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell & injured rib	

22. I hereby certify that I attended the deceased from Nov 22, 1949, to Dec 6, 1949, that I last saw the deceased alive on Dec 6, 1949, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. W. Kueber		(Degree or title) M.D.O.		23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 12-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	

DATE REC'D BY LOCAL REG. Dec 14, 1949		REGISTRAR'S SIGNATURE E. C. Jenkens		FUNERAL DIRECTOR'S SIGNATURE Hatter Meierhoffer		ADDRESS 1046 Colhoun St. St. Joseph, Mo.	
--	--	--	--	--	--	--	--

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

6721 6103

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, of \*\*\*\*\*

\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

\*\*\*\*\*

Student .....

Student Embalmer

Signed *Raymond W. Mershen*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri

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.