

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1955

State File No. **33504**
Registrar's No. **4265**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4265</u>					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 13 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				e. STREET ADDRESS (If rural, give location) 2209 1/2 Vine St.							
3. NAME OF DECEASED (Type or Print) a. (First) Henrietta			b. (Middle)		c. (Last) Rutherford		4. DATE OF DEATH (Month) (Day) (Year) 10 3 1955				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 3, 1896		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Calvert, Texas			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Chambers			13b. MOTHER'S MAIDEN NAME Dorothy Mayberry			14. NAME OF HUSBAND OR WIFE Leon Rutherford					
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leon Rutherford 2209 1/2 Vine St./.						
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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio vascular disease.											
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis.											
DUE TO (c)											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4457			
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)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>9-15-55</u> , 19 <u>55</u> , to <u>10-3-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-3-55</u> , 19 <u>55</u> , and that death occurred at <u>12:30 Pm.</u> , from the causes and on the date stated above.											
23a. SIGNATURE E. Frank Ellis (Degree or title)					23b. ADDRESS 600 East 22nd Street			23c. DATE SIGNED 10-4-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.					
DATE REC'D BY LOCAL REG. 10-4-55		REGISTRAR'S SIGNATURE Arva Minshel			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manlove & Williams 1729 Lydia						

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 10 1955

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. J. Marlowe*.....

Licensed Embalmer No. 396

P. O. Address 3752 E.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.