Department of Public Health

CITY OF SAN DIEGO, CALIFORNIA

DIVISION OF VITAL STATISTICS

CERTIFIED COPY OF LOCAL RECORD

This is to Certify, That the attached is a full, true and correct copy of the ~~birth~~ certificate of death of JOSEPH FRANKLIN RUTHERFORD which is on file in this office, and of which I am the legal custodian.

In Testimony Whereof, witness my hand and seal of office at San Diego, California, this 6th day of February, 1942

Allen M Lesan M.D.
Local Registrar of Vital Statistics

Form 806 15M 7-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Read Instructions on Back

VITAL STATISTICS

(B) CITY OR TOWN: San Diego
If outside city or town limits, write rural
(C) NAME OF HOSPITAL OR INSTITUTION: 4440 Braeburn Road
If not in hospital or institution, give street address or location
(D) LENGTH OF STAY IN HOSPITAL OR INSTITUTION: In this community 1 yr. In California 1 yr.
(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A.? ____ YEARS

(A) STATE: California
(B) COUNTY: San Diego
(C) CITY OR TOWN: San Diego
If outside city or town limits, write rural
(D) STREET NO.: 4440 Braeburn Road

3. (G) IF VETERAN, NAME OF WAR: no
3. (F) SOCIAL SECURITY NO.: none

20. DATE OF DEATH: Month January Day 6 Year 1942 Hour 1 Minute 36 pm

4. SEX: Male
5. COLOR OR RACE: White
6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

21. MEDICAL CERTIFICATE
I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM Nov. 24, 41 TO Jan. 6, 42
THAT I LAST SAW him ALIVE ON Jan. 6, 42
AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE.
IMMEDIATE CAUSE OF DEATH: Uraemia — Duration: 1 month
DUE TO: Carcinoma of Rectum — 18 months
DUE TO: Pelvic Metastasis — 6 months
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH):
MAJOR FINDINGS OF OPERATION: Carcinoma of Rectal S. — DATE OF OPERATION: Nov 5-41
DATE OF AUTOPSY:

22. CORONER'S CERTIFICATE
I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, VERDICT OR INVESTIGATION ON THE BODY OF THE DECEASED AND FROM THE FACTS ELICITED THAT DEFENDER CAME TO HIS DEATH AS STATED ABOVE.
DEATH ON THE DATE AND HOUR

6. (B) NAME OF HUSBAND OR WIFE: Mary M Rutherford
6. (C) AGE OF HUSBAND OR WIFE IF ALIVE: 72 YEARS

7. BIRTHDATE OF DECEASED: November 5, 1869 (Month, Day, Year)
If less than one day old: Age ____ Hrs. ____ Min.
8. AGE: 72 Yrs. 2 Mos. 0 Days
9. BIRTHPLACE: Versailles, Missouri
10. USUAL OCCUPATION: Editor
11. INDUSTRY OR BUSINESS: Publishing (Retired)
12. NAME: James Calvin Rutherford
13. BIRTHPLACE: Versailles, Missouri
14. MAIDEN NAME: Leonora Strickland
15. BIRTHPLACE: Versailles, Missouri
16. (A) INFORMANT: Bonnie Heath
(B) ADDRESS: 4440 Braeburn Road
17. APP. EMB. — REGIST. OR CERTIFICATE NO. ____ (Year) ____ DATE ____
18. (A) PLACE OF EMBALMING OR CREMATION ____
(B) EMBALMER'S SIGNATURE: Harvey L. Lewis — LICENSE NO. 2463
(C) FUNERAL DIRECTOR: Lewis Mortuary
ADDRESS: 2876 El Cajon Blvd.
BY: Harvey L. Lewis, Jr.

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
(A) ACCIDENT, SUICIDE, OR HOMICIDE? ____ (B) DATE OF INJURY ____
(C) WHERE DID INJURY Ooccur? (CITY OR TOWN) (COUNTY) (STATE)
(D) DID INJURY occur IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? (SPECIFY TYPE OF PLACE) WHILE AT WORK?
(E) MEANS OF INJURY:

19. (A) 1/12/42 — Allen M Lesan M.D. (SIGNATURE OF PERSON FILING CERTIFICATE)
(B) L.E. (OFFICIAL CAPACITY)
(C) (RESIDENCE, STREET AND NUMBER)

24. CORONER OR PHYSICIAN'S SIGNATURE: G. R. Stevenson
ADDRESS: 328 Maple St. — Jan. 8-42

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS