

1939 MAR 23 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7610

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 740  
(b) Township Croftedriver Primary Registration District No. 4462  
(c) City Hardin (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 71 yrs. 11 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FLORRIE YATES RUST

(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Jacob J. Rust</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar - 13 - 1867</u>		
7. AGE <u>71</u> YEARS	<u>11</u> MONTHS	<u>0</u> DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morton, Mo.</u>		
13. NAME <u>Dr. W. F. Yates</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelbyville, Kentucky</u>		
15. MAIDEN NAME <u>Susan Nelson Yates</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Jacob J. Rust</u> <u>Hardin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL - <u>Burial</u> PLACE <u>Lavelock Cems.</u> DATE <u>Feb. 15</u> , 19 <u>39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>J. W. Knipschild</u> <u>Hardin, Mo.</u>		
20. FILED <u>Feb. 15</u> , 19 <u>39</u> <u>P. R. Williford</u> Local Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1939, to Feb 13, 1939  
I last saw her alive on Feb 13, 1939. Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:  
Intestinal Fila  
Date of onset 2/8/39

Other contributory causes of importance:  
Myocarditis  
2 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so; specify \_\_\_\_\_  
(Signed) Martin R. Smith, M. D.  
(Address) Hardin, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**