

FILED JAN 24 1940

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

2134
Do not use this space.

1. PLACE OF DEATH
(a) County Coll. Registration District No. 213
(b) Township 0 Primary Registration District No. 3014 Registered No. 12
(c) City Jefferson (d) Street No. St. Marys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ephrem Andrew Rush
(a) Residence, No. Holt Summit Mo. 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Suey J. Rush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>56</u>	<u>9</u>	<u>9</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Building
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marries Home
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Oliver Rush
14. BIRTHPLACE (CITY OR TOWN) Marries Home
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Dale Winter
16. BIRTHPLACE (CITY OR TOWN) Marries Home
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Suey J. Rush
Holt Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holt Summit DATE Jan 15 1940

19. FUNERAL DIRECTOR (NAME) Tanner Service
(ADDRESS) Jefferson City Mo.

20. FILED 1/16/1940 W. B. [Signature]
Legal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1940 to Jan 13, 1940
I last saw him alive on Jan 13, 1940. Death is said to have occurred on the date stated above, at 3:59 p.m.
The principal cause of death and related causes of importance were as follows:
Rubeola pneumonia Date of onset 59

Other contributory causes of importance:
Ch. myocarditis
Dilated heart
Ch. nephritis

Name of operation None Date of _____
What test confirmed diagnosis: Culture Was there an autopsy? No

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) W. B. [Signature] M. D.
(Address) Jefferson City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

D. M. Davis

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

D. M. Davis

Licensed Embalmer No. *3741*

P. O. Address *Jefferson city 7*

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 this body is not embalmed, above space should be left blank.