

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5704
929
Registrar's No. _____

Registration District No. 219

Primary Registration District No. 1007

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 (Specify whether years, months or days)

3. (a) PRINT FULL NAME John H. RUSH
3. (b) If veteran, name war Spanish Amer. 3. (c) Social Security No. 4872-12-0321

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Rush 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept. 2, 1879 (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 25 If less than one day hr. _____ min. _____

9. Birthplace England ENGLAND (City, town, or county) (State or foreign country)

10. Usual occupation Electrician.

11. Industry or business
12. Name Unknown, (died too far back)
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Mertina Roberts
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ella Rush, widow
(b) Address 2710 Monroe, K.C.Mo.
17. (a) Burial (b) Date thereof 2/29/40. (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery
18. (a) Signature of funeral director Melody - McGilley
(b) Address K. C. Mo.
19. (a) 28/1940 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, (If outside city or town limits, write "RURAL")
2710 Monroe
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 54 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 27th
year 1940. hour 3:30 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 25
1940, to Feb. 27, 1940.
that I last saw him alive on Feb. 26, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Fibillation Duration 48 hrs.
Due to Myocarditis
Due to _____
Other conditions None. (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) Means of injury _____
23. Signature W. T. Glin (M. D. or other)
Address 5120 N. 1st, Nemo Date signed 2-28-40

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

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.

Rev. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE

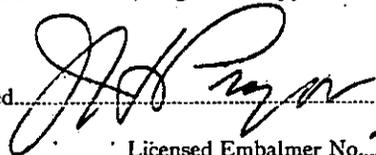
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

, working under my personal supervision.

Signed.....



Licensed Embalmer No. 2999

P. O. Address. KC

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.