

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3177

FEB 17 1941
Registration District No. 469

Primary Registration District No. 4282

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Miller Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 29 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence
(c) City or town Miller Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sakina Sutton Rusk

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive L years

7. Birth date of deceased (Month) 4 (Day) 2 (Year) 1847

8. AGE: Years 93 Months 9 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Neosho Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation _____

11. Industry or business _____

12. Name Stephen Sutton

13. Birthplace Alabama (City, town, or county) (State or foreign country)

14. Maiden name Wancy Rutledge

15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Luther Rusk

(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 1-21-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scymore

18. (a) Signature of funeral director M. J. Rusk

(b) Address Miller Mo.

19. (a) 2-1-41 (b) W. J. Rusk (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day January year 1941 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from 7:00-1 1941 to 1-1-20 1941; that I last saw he alive on 1-2-104 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 9/2/10

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 420 (Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature W. J. Rusk (M. D. or other) 0

Address Miller Mo. Date signed 2-1-41

JUN 23 1942

RECEIVED

District Health Officer No. 6,

District File Number 141-201

Date Filed FEB 4 - 1941

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 J. B. Feiman
Licensed Embalmer No. 3297
P. O. Address Miller Mo.

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, fact should be so stated above.