

No. 2  
13-40  
17-39  
I X23759

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH  
FILLED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38531

Registration District No. F11 Primary Registration District No. 2002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin City  
(c) Name of hospital or institution 418 1/2 Joplin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 yrs.  
In this community 30 yrs.  
years, months or days

3. (a) PRINT FULL NAME Hettie Jane Rush  
3. (b) If veteran, name war \* \*  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Fem 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Albert Rush  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased April 8, 1883  
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 5  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Lawrence County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House duties

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wesley Pennington  
13. Birthplace Lawrence County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Reams  
15. Birthplace Lawrence County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant W. M. Benson  
(b) Address 418 1/2 Joplin St.

17. (a) Burial (b) Date thereof Nov. 16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FOREST PARK

18. (a) Signature of funeral director W. H. ...  
(b) Address Joplin, Mo.

19. (a) 11-14-41 (b) Ed J. James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 418 1/2 Joplin St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 13  
year 1941 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-11-1941 to 11-13-1941  
that I last saw her alive on 11-13-1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure, Chronic Myocarditis

Due to Branchial  
Due to asthma

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d  
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) \_\_\_\_\_  
(a) Means of injury 70

23. Signature W. A. ... (M. D. or other) 70  
Address Joplin Mo Date signed 11/14/41

312 (Licensed Embalmer's Statement on Reverse Side)

49  
2  
5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

54

NOV 25 1941

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**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.....

*Steve D. Parker*

Licensed Embalmer No.....

*2548*

P. O. Address.....

*Joplin 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.**