DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6952

Registration District No. 4241 Primary Registration District No. 4241 Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carterville Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 305 S. Pearl (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 79 years

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville (If outside city or town limits, write "RURAL")
(d) Street No. 305 S. Pearl (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME Amanda Josephine Rusk
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: Single
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June 16 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace: Carterville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
FATHER 12. Name: Wm. M. Rusk
FATHER 13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Stevenson
MOTHER 15. Birthplace: Lee (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Susan Rusk
(b) Address: R# 2 Carthage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 12 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Carterville Mo.
18. (a) Signature of funeral director: Webb City Undt Co
(b) Address: Webb City Mo.
19. (a) Feb. 12, 1942 (Date received local registrar) (b) Mrs. Lillie Lasle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1942 hour 11.55 minute P. M.
21. I hereby certify that I attended the deceased from Feb 8, 1941, to Feb 10, 1942; that I last saw her alive on Feb 10, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of breast — (Duration: about 2 yrs)
Due to:
Due to: 60
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: R. M. Sturment (M. D. or other)
Address: Webb City Mo. Date signed 2/11/42

(Licensed Embalmer's Statement on Reverse Side)

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 I X19511

42.2.208

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 Myself, ..., Registered Apprentice No. ....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, above space should be left blank.