

FILED MAR 20 1942

Registration District No. **3026**

Primary Registration District No. **3026**

Registrar's No. **23**

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

1. PLACE OF DEATH:

(a) County Dwightston
(b) City or town Chillicothe Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
403 Tenth St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Donald R Rust

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased Feb-18-1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 8 hr. — min.

9. Birthplace Chillicothe MO
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business —

MOTHER FATHER { 12. Name Donald R Rust
13. Birthplace Chillicothe MO
(City, town, or county) (State or foreign country)
14. Maiden name Johannah Vereman
15. Birthplace Wein MO
(City, town, or county) (State or foreign country)

16. (a) Informant Bertrude B. Vereman

(b) Address 403 Tenth St Chillicothe Mo

17. (a) Burial (b) Date thereof FEB 20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director James D Gordon

(b) Address Chillicothe MO

19. (a) FEB 20 1942 (b) LOU ELBA CURRY
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dwightston
(c) City or town Chillicothe MO
(If outside city or town limits, write "RURAL")
(d) Street No. 403 Tenth St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 1942
year hour 03 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 18 to Feb 18, 1942
that I last saw him alive on Feb 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth
Due to (6 Months Gestation) Duration 7 hours
Due to —

Other conditions (Include pregnancy within 3 months of death) 159

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? —

While at work (Specify type of place) (c) Means of injury —

23. Signature A. Callier (M. D. —)
Address Chillicothe MO Date signed 2/20/42

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.....

P. O. Address.....

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.