FILED JUL 15 1942

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 274 Primary Registration District No. 5798 Registrar's No. 24

72
0
0

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town La Font Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED: 72
(a) State Mo (b) County N. Madrid
(c) City or town La Font Twp - Rural
(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 Effie Mae Rushing

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

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced C
6. (b) Name of husband or wife Opal B Rushing
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 (Month) 13 (Day) 42 (Year)

8. AGE: Years | Months 4 | Days 21 | If less than one day _____ hr. _____ min.

9. Birthplace Ark. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Non
11. Industry or business Non

FATHER
12. Name Howard H Rushing
13. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Opal B Jones
15. Birthplace Ark. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Howard H Rushing
(b) Address Lilbourn Mo R.1
17. (a) _____ (Burial, cremation, or removal) (b) Date thereof 7-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Manila Cemetery Ark.
18. (a) Signature of funeral director L M Hill
(b) Address Lilbourn Mo
19. (a) 7-7-42 (Date received local registrar) (b) Mrs. I. L. Parrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4 year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1, 1942, to July 4, 1942; that I last saw her alive on July 1, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Colitis	4 days
Due to Error in Diet	
Due to —	
Other conditions (Include pregnancy within 3 months of death) 119a	
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 —

23. Signature E. E. Jones (M. D. or other)
Address Lilbourn Mo Date signed 7-5-42

1216 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 742-838
Date Filed JUL 13 1942

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 Tom Hill

Licensed Embalmer No. 2627

P. O. Address Lisbourn Ohio

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.