

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 50

Registration District No. 366

Primary Registration District No. 4535

1. PLACE OF DEATH
 (a) County WASHINGTON
 (b) City or town MINERAL POINT
 (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 78 yrs.
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County WASHINGTON ¹¹⁰
 (c) City or town MINERAL POINT ⁰
 (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. _____ years ⁰

3. (a) PRINT FULL NAME GEORGE W RUSH.
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 16
 year 1942 hour 10 minute 50 P.M.
 21. I hereby certify that I attended the deceased from 1940
 _____, 19____, to Aug 16, 1942
 that I last saw him in alive on Aug 15, 1942
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MARY RUSH.
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased FEB. 22. 1869
 (Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia
 following Cerebral Hemorrhage
 Due to Left Sided Heart
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 108

8. AGE: Years Months Days If less than one day
78 5 24 _____ hr. _____ min.
 9. Birthplace MINERAL POINT MO. ⁰
 (City, town, or county) (State or foreign country)
 10. Usual occupation FARMING

MOTHER FATHER
 11. Industry or business None
 { 12. Name PHILLIP RUSH.
 13. Birthplace KENTUCKY ¹
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown ⁹
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Harry Rush
 (b) Address Mineral Point MO
 17. (a) BURIAL (b) Date thereof 8-18-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation POTOSI MO.
 18. (a) Signature of funeral director Joseph L. Thurman
 (b) Address Potosi, Mo.
 19. (a) 8-12-1942 (b) Joseph L. Thurman
 (Date received local registrar) (Registrar's signature)

23. Signature Joseph L. Thurman (M. P. No. 112/42)
 Address Potosi Mo Date signed 8/18/42

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.

RECEIVED

District Health Officer No. 4

District File Number 942-11

Date Filed 9-14-42

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. 4158

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, above space should be left blank.