

Registration District No. **47**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County **Callaway**
 (b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Callaway Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **two days**
(Specify whether
 In this community **16 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4 miles Northeast Fulton**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **OSCAR JAMES RUSK**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

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

6. (b) Name of husband or wife **Rebecca Rusk** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Dec. 23 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 5 hr. min.

9. Birthplace **Brown County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farm**

12. Name **Matthew Rusk**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **DONT KNOW**

15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Virgil Rusk**

(b) Address **Fulton, Missouri**

17. (a) **Burial** (b) Date thereof **6/30/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillcrest Cemetery**

18. (a) Signature of funeral director **Joe H. Wallace**
 (b) Address **Fulton, Missouri**

19. (a) **6-30-48** (b) **Joe M. Mount**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **28**
 year **43** hour **11** minute **50 P. M.**

21. I hereby certify that I attended the deceased from **Jan 10 1942** to **6-28-43**, 19**43**.

that I last saw him alive on **6-28-43**, 19**43**;

and that death occurred on the date and hour stated above.

Immediate cause of death **Auto accident**

Due to **Auto accident**

Due to **832**

Other conditions **832**
(Include pregnancy within 3 months of death)

Major findings: Of operations

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? **no** (Specify type of place) (d) Means of injury **2**

23. Signature **Joe M. Mount** (M. D. or other) **2**
 Address **607 East Fulton** Date signed **6-24-48**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 11 1958

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..... *Albert E. White*.....

Licensed Embalmer No. *4168*.....

P. O. Address..... *Quinton, 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.