

FILED APR 13 1944

Primary Registration District No. 4133

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Kearney
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME John Herndon Rust

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Rust 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 29 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 3 hr. min.

9. Birthplace Clinton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Clas Gilbert Rust

13. Birthplace Clay Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Hester Ann Green

15. Birthplace Clinton Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Rust

(b) Address Rt. 2 North Kansas City, Mo.

17. (a) Burial (b) Date thereof April 3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel near Kearney

18. (a) Signature of funeral director Leonard Fay

(b) Address Kearney

19. (a) 4-2-44 (b) Helen Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Kearney
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1944 hour 3 minute a.m.

21. I hereby certify that I attended the deceased from 3-25-
1944, to 4-1- 1944
that I last saw him alive on 3-31- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure Duration 3 hrs.

Due to Coronary Occlusion 10 hrs.

Due to Coronary Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

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? (Specify type of place) (a) Means of injury

23. Signature Kenneth C. Edger (M. D. or other) D.O.

Address Kearney, Mo. Date signed 4-1-44

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-12-44

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: *Leonard Fry*
Licensed Embalmer No. *1677*
P. O. Address: *Kearney, 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.