S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12449

State File No.

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Missouri Webster
(b) City or town Rural - Ozark township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ozark township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Sharon Kay Rust
3. (b) If veteran, name war x
3. (c) Social Security No. x

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased December 27 - 1943 (Month) (Day) (Year)

8. AGE: Years no | Months 2 | Days 5 | If less than one day x hr. x min.

9. Birthplace Springfield, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business x

FATHER
12. Name Pauley Rust
13. Birthplace Marshfield, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Hicks
15. Birthplace Webster County (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dempsey Rust
(b) Address Marshfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-'44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Luke
18. (a) Signature of funeral director Dempsey Rust, acting
(b) Address Marshfield, Missouri
19. (a) March 30-44 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 1 - 1944 to Mar 2 1944 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Double Lobar Pneumonia fever	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
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 W. F. Schuett (M. D. or other)
Address Nunnyan Date signed 3/29/44

1344

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 444-457
Date Filed APR 12 1944

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.