

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2828

FILED JUL 28 1944

Registration District No. Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: in hospital or institution 28 days
(Specify whether in this community unbr years, months or days)

3. (a) PRINT FULL NAME Mabel Rust

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 515-09-6785

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herbert E. Rust 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Sept-19-1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Mrs. M. Kanna
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name unbr
15. Birthplace unbr (City, town, or county) (State or foreign country)

16. (a) Informant Herbert E. Rust
(b) Address 1115 Forest

17. (a) Burial (b) Date thereof July 8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director A. P. Doster

(b) Address 7-7-44

19. (a) 7-7-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1115 Forest
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) D
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1944 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from June 7, 1944 to July 5, 1944
that I last saw her alive on July 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix

Due to

Due to

Other conditions 48a
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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) (e) Manner of injury

23. Signature A. E. Upsher (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 7-6-44

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.....

H. P. Doshier

Licensed Embalmer No. *1166 Mo.*

P. O. Address. *1415 East 15*

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.