V.S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33402

Registration District No. 1002 Primary Registration District No. 149 Registrar's No. 4244

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: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)
In this community 33 years

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")
(d) Street No. 8029 Pennsylvania 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. ROSE E RUST
3. (b) If veteran, name war No
3. (c) Social Security No. 500-22-8432
4. Sex 1 Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widow
6. (b) Name of husband or wife Louis Rust
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 6 (Day) 1887 (Year)
8. AGE: Years 57 Months 4 Days 15 If less than one day hr. min.
9. Birthplace Marshalltown (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Clerk
11. Industry or business
FATHER 12. Name Mortimer Slattery
FATHER 13. Birthplace No record (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name No record
MOTHER 15. Birthplace No record (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs Russell G Klug
(b) Address 8029 Pennsylvania
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/44 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Independence, Mo.
18. (a) Signature of funeral director Quirk and Robin Co
(b) Address 20 West Linwood
19. (a) Oct 23 1944 (Date received local registrar) H. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day Oct year 1944 hour 12:30 minute A M.
21. I hereby certify that I attended the deceased from 10-14-44, 19, to 10-20-44, 19, that I last saw him alive on 10-20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized carcinomatosis	1 mo
Due to Ca of Breast	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations
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 E. Larson (M. D. or other)
Address Plaza Nursing Home Date signed 10-21-44

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Zurk

Licensed Embalmer No. 3774

P. O. Address Kansas City 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.