

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

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: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 DAYS  
In this community 22 YEARS  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MR LAWRENCE B. RUSH  
(b) If veteran, name war No  
(c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS DORA A RUSH  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased SEPT. 17. 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 5  
If less than one day hr. min.

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

10. Usual occupation CARPENTER

11. Industry or business

12. Name JOHN J. RUSH

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

14. Maiden name MISSOURI SEARCY

15. Birthplace UNKNOWN MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. DORA A. RUSH

(b) Address 6322 MCGEE STREET

17. (a) BURIAL (b) Date thereof DEC. 26. 1944  
(Burial, cremation, or removal) NEW HOPE CEMETERY

(c) Place: burial or cremation LIBERTY, MISSOURI

18. (a) Signature of funeral director W. H. Williams, Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-23-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6322 MCGEE STREET  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC. day 22 No. 40  
year 1944 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 4 to Dec. 22, 1944  
that I last saw him alive on Dec. 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Blistering stroke  
renal sleep. Multiple  
fatal hemorrhage

Due to

Due to

Other conditions 1178  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy As listed above

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?

While at work? (Specify name of place) Means of injury 0

23. Signature Paul Hunt (M. D. 1944)  
Address 1612 Fay. Bldg. K. C. Mo. Date signed 12-23-44

Reverend Hospital

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**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 *R. C. Newcomer Jr*

Licensed Embalmer No. 40450

P. O. Address *R. C. 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.**