No. 2
2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1410
Registrar's No. 25

Registration District No. 149 Primary Registration District No. 1002

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 3 yrs
years, months or days)

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. 2738 Charlotte 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Rush
3. (b) If veteran, name war no
3. (c) Social Security No. ? none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ### Etta Rush
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb. 7 1877 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	10	24	hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Janitor Apt Bldgs.
11. Industry or business
FATHER
12. Name John Rush 4
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace (City, town, or county) no record (State or foreign country) 9
16. (a) Informant Mrs R.E.Hayes
(b) Address 2823 Charlotte
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 ~~1944~~ 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director Mrs C.LForster
(b) Address 918 Brooklyn
19. (a) 1-3-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1
year 1945 hour 9 45 minute P M.
21. I hereby certify that I attended the deceased from Coroner, 19 ; to
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Bronchi)
Due to Fracture Greater Trochanter of left Femur
Due to
Other conditions (Include pregnancy within 3 months of death) 186 A 18
Major findings:
Of operations History & Inspection
Of autopsy no

Duration

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) accident 123
(b) Date of occurrence 12-29-44
(c) Where did injury occur? 2736 Charlotte, K.C. Jackson, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home (Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature [illegible] 3 (M. D. ~~or other~~ Coroner)
Address 1424 Prospect Bldg Date signed 1-2-45

(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.....

Licensed Embalmer No. 35-99

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.