S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1946

State File No. 8268

Registration District No. 354 Primary Registration District No. 6198 Registrar's No.

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Rural (If outside city or town limits, write "RURAL") Cass Twp (and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 30 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Texas 107
(c) City or town Rural Cass Twp 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Edward Rust
3. (b) If veteran, name war
3. (c) Social Security No. 498-12-8036

4. Sex M. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Stella
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec (Month) 24 (Day) 1889 (Year)

8. AGE: Years 56 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Cabool (City, town, or county) Mo. (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name William a Rust /
13. Birthplace Tenn. / (City, town, or county) (State or foreign country)
14. Maiden name Sarah Glenn
15. Birthplace Tenn. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Rust
(b) Address Houston Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Dale
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Cabool Mo.
19. (a) Feb 21 (Date received local registrar) (b) Gaynell Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1946 hour 5.0 minute P. M.
21. I hereby certify that I attended the deceased from FEB 20, 1946, to FEB 20, 1946; that I last saw him/her alive on FEB 20, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL APOPLEXY — Duration
Due to HYPERTENSIVE CARDIO RENAL VASCULAR DISEASE
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 2/16
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? 0
While at work (Specify type of place) (e) Means of injury

23. Signature L. M. Dillman M. D. or other M.D.
Address Houston Mo. Date signed 2-22.

325 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5.
District File Number 3 4 6 1 4 0
Date Filed 3-7-46

## 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 Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.**