

1. PLACE OF DEATH:

(a) County Weberster  
(b) City or town Seymour Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Archie Melton Rust

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jake Rust 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased July 15, 1891  
(Month) (Day) (Year)

8. AGE: Years 07 Months 5 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Welder

11. Industry or business

12. Name Joseph Rust  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Wadley  
15. Birthplace Licking Mo. 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jake Rust  
(b) Address 226 East 30th Kansas City, Mo.  
17. (a) Burial (b) Date thereof Jan 11 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Wesley Russell  
(b) Address Seymour, Mo.

19. (a) Jan 20-46 (b) Wilbert Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Weberster 112  
(c) City or town Seymour 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7  
year 1946 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Nov 1943 to Jan 7 1946  
that I last saw him alive on Jan 6, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis Duration 2 wks

Due to Neuro-syphilis Typs

Other conditions 200g  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature Dr. J. P. Hill (M. D. or other) N.O.  
Address Seymour Date signed 1/20/46

RECEIVED  
District Health Officer M.A. G.  
District File Number 246-185  
Date Filed FEB 28 1946

### 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. H. Kelley*

Licensed Embalmer No.

3334

P. O. Address

*Seymour, Ma.*

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.