

FILED APR 11 1948

Registration District No. 376

Primary Registration District No. 6-0-7-5-3059 Registrar's No. 793

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Nellie Alice Rust

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Anderson H. Rust 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 3 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 2 If less than one day
hr. _____ min.

9. Birthplace Ironton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Albert

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

14. Maiden name Hannah Elsner

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

16. (a) Informant Anderson Rust

(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 3-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Anderson Rust Ironton Missouri

19. (a) 3/8-46 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Ironton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1946 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from 3 March
1946 to 5 May 1946

that I last saw her alive on 4 May 1946

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chr. Myocarditis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature C. H. Applesbury (M. D. or other) MD

Address Flat River MO Date signed 5 May 46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 446-1987

Filed 4-9-46

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 Arnold W. White

Licensed Embalmer No. 2012

P. O. Address Smiths River

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.