

FILED JAN 7 1947

Registration District No. **301** Primary Registration District No. **6032** Registrar's No. **2574**

1. PLACE OF DEATH:
 (a) County Ripley Doniphan
 (b) City or town Doniphan
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: at home (Rural 1)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 4 months (Specify whether years, months or days)
 In this community 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ripley 91
 (c) City or town Doniphan
 (If outside city or town limits, write "RURAL")
 (d) Street No. (Rural)
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME David Rusinger
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 14, year 1946, hour _____ minut 5: A. M.

4. Sex Male 5. Color White
 6. (a) Single, widowed, married, divorced infant
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July-4-1946
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec-11, 1946, to Dec-14, 1946
 that I last saw him alive on Dec-11-46, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 5 Days 10 If less than one day hr. _____ min. _____

Immediate cause of death Bowel hemorrhage
 Due to Acute Intertic

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

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation Infant

11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy 1191A
PHYSICIAN
 Underline the cause to which death should be charged statistically.

12. Name John Rusinger
 13. Birthplace Frank Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Wallace
 15. Birthplace Wayne Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant John Rusinger
 (b) Address Doniphan

17. (a) Removal (b) Date thereof 12-14-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont Mo.

18. (a) Signature of funeral director St. Jordan
 (b) Address Doniphan Mo.

19. (a) 12-28-46 (b) CR Johnson
 (Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place)
 While at work? _____ (c) Means of injury _____
 23. Signature DE. Turkovic (M. D. or other) _____
 Address DONIPHAN Mo. Date signed 1/14/46

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

7823

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. Jordan
Licensed Embalmer No. 3203
P. O. Address Nonphur

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.

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