

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Livingston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: S.W. Blvd 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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

(c) City or town Livingston 3
(If outside city or town limits, write "RURAL")

(d) Street No. S.W. Blvd 2
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME DONA S. RUSH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1947 hour 9 minute 30 A.M.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Abraham Rush

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov 7 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/12 1947 to 1/14/47 1947
that I last saw her alive on Jan 14 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 2 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

Immediate cause of death: Coronary Thrombosis

Due to Arteriosclerosis

Due to _____

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

11. Industry or business _____

12. Name Martin V. Kite

13. Birthplace Loneville Va
(City, town, or county) (State or foreign country)

14. Maiden name Virginia A Kite

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

16. (a) Informant Walter Rush

(b) Address Livingston Mo

17. (a) Burial (b) Date thereof 1-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Mo

18. (a) Signature of funeral director Walter Rush

(b) Address Livingston, Mo

19. (a) 23 March (b) Walter Rush
(Date received local registrar) (Registrar's signature)

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 Walter Rush (M. D. or other) _____
Address Livingston Mo Date signed 1/14/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. R.

District File Number

Date Filed 4-23-47

per

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.....

Geo McLean

Licensed Embalmer No. 2983

P. O. Address Leamington, 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.