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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 128

FILED AUG 27 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:  
General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 1113 Emmons  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clifford Glen Rushmore

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Rosa Rushmore

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

7. Birth date of deceased Jan 27 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18  
year 1947 hour 7 minute A M.

21. I hereby certify that I attended the deceased from June 6  
1946 to Aug. 18 1947;

8. AGE: Years 70 Months 6 Days 21  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Conneautville, Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

that I last saw h. live on Aug 18 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Duration 2 days

Due to Hypertensive heart disease 2 yrs.

Due to chronic interstitial nephritis 2 years.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Frank M. Rushmore

13. Birthplace Conneautville, Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Lucia Clark

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

16. (a) Informant Howard Rushmore

(b) Address New York City, N Y

17. (a) Burial (b) Date thereof Aug 20, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas. C. [Signature]

(b) Address Mexico, Missouri

19. (a) 8/30/47 (b) Blanche Neely  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

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

23. Signature W. H. Swan (M. D. or other) W. H.  
Address 1005 W. [Signature] St. Date signed 8/19/47

RECEIVED  
District Health Officer No: 10  
Envelope File Number 8-47-1112  
Date Filed AUG 25 1947

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 Everett R. Head  
Licensed Embalmer No. 4038  
P. O. Address Mexico, 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.**