3. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38399

FILED DEC 9 1947

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5021

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital # 1 — 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4½ mos. (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson — 48

(c) City or town Kansas City — 5
(If outside city or town limits, write "RURAL") — 0

(d) Street No. 2801 E 7th
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME Rush, Lewis

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex male — 0

5. Color or race white

6. (a) Single, widowed, married, divorced Divorced — 3

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Sept 13 (Month) 1883 (Day) (Year)

8. AGE: Years 64 | Months 23 | Days 16 | If less than one day hr. min.

9. Birthplace Franklin Co. (City, town, or county) Kans. (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Unknown — 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown — 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Myron Eugene Rush
(b) Address Hardin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Trent Lile F.H.
(b) Address Re Gerdhile Richmond, Mo.

19. (a) 11-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1947 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 15, 1947, to Nov. 29, 1947;
that I last saw him alive on Nov. 29, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death abscess of sigmoid-2nd to perforation	
Due to Cancer of sigmoid	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46	
Of autopsy see above	

PHYSICIAN

Underline the cause of 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? (Specify type of place) — 0

While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) M.D.

Address Med. Dir. Gen'l Hosp. Date signed 11-29-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4066

P. O. Address Richmond 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.