V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38879

Registration District No. 798 Primary Registration District No. 4311 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: 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 ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61

(c) City or town Callao 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Rosa Rush Wood

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race wh.

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

6. (b) Name of husband or wife R. D. Wood

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 2 (Month) – 16 (Day) – 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	7	22	hr. min.

9. Birthplace (City, town, or county) 4 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name J. D. Rush
13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Miranda Souther
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant R. D. Wood
(b) Address Callao Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Callao

18. (a) Signature of funeral director Wm. Edwards
(b) Address Bowie Mo

19. (a) Nov. 14, 1947 (Date received local registrar) (b) Josephine King (Registrar's signature) 1267

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8
year 1947 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from 9/16/47, 19__, to 10/8/47, 19__;
that I last saw her alive on 10/8/47, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardial Failure	6 Mos
Due to Chronic Bronchitis	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations 1	
Of autopsy —	

PHYSICIAN — Underline the cause to 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? 2
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. L. Durden (M. D. or other) DO
Address Macon Mo Date signed 10/30/47

(Licensed Embalmer's Statement on Reverse Side)

3

RECEIVED
District Health Officer No.
District File Number 11-47-1572
Date Filed NOV 17 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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.