

No. 2
1-5-43
5-17-39
I X36671

FILED DEC 12 1947
Registration District No. **2891**

Primary Registration District No. **5993**

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

1. PLACE OF DEATH: **Putman**

(a) County **Putman**

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

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

(d) Length of stay: In hospital or institution **6 years** (Specify whether years, months or days)

In this community **6 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Henry Rushton**

3. (b) If veteran, name war **no**

3. (c) Social Security No **no**

4. Sex **male**

5. Color or race **White**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **Nov. 3 1871** years

7. Birth date of deceased **Nov. 3 1871** (Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **21** If less than one day hr. min.

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

10. Usual occupation **farmer**

11. Industry or business

12. Name **Elam Rushton**

13. Birthplace **Indiana** (City, town, or county) (State or foreign country)

14. Maiden name **Kirkpatrick**

15. Birthplace **Indiana** (City, town, or county) (State or foreign country)

16. (a) Informant **Cliff Rushton**

(b) Address **Mercer, Mo**

17. (a) **burial** (b) Date thereof **11-26-47** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ravanna**

18. (a) Signature of funeral director **Noel Moss**

(b) Address **Princeton, Mo**

19. (a) **12-3-47** (b) **Marvella Durbin** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Putman**

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

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **24th** year **1947** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Sept. 10** to **Nov. 24**, 19**47**

that I last saw him alive on **November 24**, 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **cardiac failure**

Due to **Chronic myocarditis**

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

Major findings: **CAF**

Of operations

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?

23. Signature **G. B. Dale** (M. D. or other) **OO**

Address **Newtown, Mo** Date signed **11/26/47**

RECEIVED
District Health Officer No. 10
District File Number 12-47-1715
Date Filed DEC 1 0 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 ME

....., Registered Apprentice No.
working under my personal supervision.

Signed Hall Mast
Licensed Embalmer No. 2634
P. O. Address Princeton 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.