

No. 2
12-45
17-39
D47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1948
1799

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1305

Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. 6

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:
St. Marys Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Wk.
(Specify whether
In this community 5 Yrs.
years, months or days)

3. (a) PRINT FULL NAME John Paul Rusch

3. (b) If veteran, name war no
3. (c) Social Security No. 491-07-03286

4. Sex Male 0
5. Color or race Wht

6. (b) Name of husband or wife Bessie Rusch
6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. 10 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 21
If less than one day hr. min.

9. Birthplace Lancaster Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business K.C. Structural Steel Co.

12. Name John Rusch 9

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

14. Maiden name unknown 9

15. Birthplace - N 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bessie Rusch

(b) Address 2001 Ruby Ave. K.C. 3Ks.

17. (a) removal (b) Date thereof 1-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Sumner

(b) Address K.C.K.

19. (a) 1-2-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 997
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2001 Ruby Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 6 1947 to Jan 1 1948
and that I last saw him alive on Jan 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Infarction
hypertrophy of
Heart of
Coronary Sclerosis
Due to
Due to
Other causes (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations 938
Of autopsy See Above
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?
()

While at work (Specify type of place) (Specify type of injury)
23. Signature A.E. Upsher (M. Death Cert.)
Address 2800 Main 1/27/48

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

MOTHER FATHER

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. Sumner*

Licensed Embalmer No..... *3903*

P. O. Address..... *K @ K*

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.