147
7-39

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

National Office of Vital Statistics

# STANDARD CERTIFICATE OF DEATH

State File No. 1694

FILED FEB 3 1948

Registration District No. 1182

Primary Registration District No. 2681

Registrar's No. 1

**1. PLACE OF DEATH:**

(a) County: Linn

(b) City or town: Rural Brantsville

(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: (Specify whether)

In this community: 3 Months

years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo (b) County: Linn 58

(c) City or town: Rural Brantsville 0

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

(d) Street No. 0

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: DELBERT EARLIN RUST

3. (b) If veteran, name war: World War 2

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M /

6. (b) Name of husband or wife: Helen Irene Rust

6. (c) Age of husband or wife if alive: 22 years

7. Birth date of deceased: May 12 1922 (Month) (Day) (Year)

8. AGE: Years: 25 Months: 8 Days: 5 If less than one day: hr. min.

9. Birthplace: Greenbarth (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Trucker

11. Industry or business:

MOTHER FATHER

12. Name: Irvin Rust

13. Birthplace: Boonville (City, town, or county) Mo 0 (State or foreign country)

14. Maiden name: Annie Bellman

15. Birthplace: North Salem (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: Helen Irene Rust

(b) Address: Brookfield Mo Route #3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 20 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Rose Hill Cemetery

18. (a) Signature of funeral director: Hill Funeral Home

(b) Address: Brookfield Mo.

19. (a) Jan 22 48 (Date received by registrar) (b) Mrs Birdie Kelley (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 17

year: 1948 hour: 10 minute: 30 A. M.

21. I hereby certify that I attended the deceased from 10:45 AM to 11:30 AM.

at time of death, 19..... to Jan 17, 1948

that I last saw him alive on Jan 17, 1948

and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Gunshot wound, 10:30 A.M.

from 38 Calibre pistol entering

Head at right temple and emerging

from left frontal skull bone

Due to:

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

Major findings:

Of operations:

Of autopsy: none

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) Accident 58

(b) Date of occurrence 1-17-48 10:30 AM

(c) Where did injury occur? Linn County Mo

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In father's house on his father's farm

(Specify type of place)

While at work? No (e) Means of injury: 38 Cal pistol

23. Signature: M J LaMance (M. D. or other) D.O.

Address: Brookfield, Mo Date signed: 1-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1948

DISTRICT HEALTH OFFICE

S. R. Ohio.

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 J. R. Blackstock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.