S. No. 300
M—10-47
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I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 8 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 32103

Registrar's No. 1152

11
7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Duncan Nursing Home 723 So. 11th St. (nursing home) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years 4 (Specify whether

In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 7 (If outside city or town limits, write "RURAL") 0

(d) Street No. 723 So. 11th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES W. RUSING

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased October (Month) 10 (Day) 1862 (Year)

8. AGE: Years 86 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Bolkow, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business self

FATHER
12. Name James Rusing 4
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 4
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Stella Duncan (nurse)

(b) Address 723 So. 11th St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery Missouri

18. (a) Signature of funeral director John C. Crappo

(b) Address 6054 Pryor Ave., City

19. (a) 11-1-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 282

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27, year 1948 hour 7 minute :30 A M.

21. I hereby certify that I attended the deceased from July 28, 1943, to October 27, 1948; that I last saw him alive on October 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Regurgitation	2 yrs.
Due to Arteriosclerosis	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

92

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? - - (Specify type of place)

While at work? - - (e) Means of injury 0 - -

23. Signature Owen W. Craig (M. D. ~~or other~~)

Address 405 Tootle Bldg St. Joseph Mo. Date signed 10-28-48

(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 Grandal R. Stabe, Registered Apprentice No. 213, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.