

S. No. 2
M-1-4-41
rev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27617

State File No. _____

Registration District No. 6-0-8

FILED SEP 1 1942 5697

Registrar's No. 133-

59
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Rural (Rich Hill, Twp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether years, months or days)
In this community 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rich Hill, Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Martha Rust
3. (b) If veteran, name war XXX
3. (c) Social Security No. XXX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 9
year 1942 hour 12 minute 30 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Charles A. Rust
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased May 4 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 11, 1940
Aug 11, 1940 to Aug 3 1942
that I last saw her alive on Aug 13 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 3 5 XX hr. XX min.

Immediate cause of death
Chronic Myocarditis
Cerebral Apoplexy
Due to _____
Due to _____

9. Birthplace Bloomington Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation At home

Other conditions (include pregnancy within 3 months of death) 930
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business XXX
12. Name John M. Davis
13. Birthplace Raleigh N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Fowler
15. Birthplace Raleigh N. Carolina
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Chloe Pearl Van Winkle
(b) Address Phillipshole Mo. R.R. 1
17. (a) Burial (b) Date thereof 9/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jones Cemetary

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? _____

18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe, Mo.
19. (a) Aug 10 - 1942 (b) Lou Ella Curry
(Date received by local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury ○
23. Signature W. M. D. or other
Address Chillicothe Mo. Date signed 9/14/42

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.....

Donald F. Gordon

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.