

FILED APR 13 1944
Registration District No. _____

Primary Registration District No. 4133

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Kearney
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Kearney
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Herndon Rust

3. (b) If veteran, name war _____ 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Rust 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 29 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Clas Gilbert Rust

13. Birthplace Clay Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Hester Ann Green

15. Birthplace Clinton Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Rust

(b) Address Rt. 2 North Kansas City, Mo

17. (a) Burial (b) Date thereof April 3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel near Kearney

18. (a) Signature of funeral director Leonard Fay
(b) Address Kearney

19. (a) 4-2-44 (b) Helen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1944 hour 3 minute _____ a.m.

21. I hereby certify that I attended the deceased from 3-25-
1944, to 4-1- 1944

that I last saw him/her alive on 3-31- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure Duration 3 hrs.

Due to Coronary Occlusion 10 hrs.

Due to Coronary Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Kenneth C. ... (M. D. or other) D.O.
Address Kearney, Mo. Date signed 4-1-44

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

24
0
0

RECEIVED
District Health DEPARTMENT No. 8
District File Number
Date Filed 4-12-44

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: Leonard Fry
Licensed Embalmer No. 1677
P. O. Address Kearney 420

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.