

REC'D JUL 14 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

21340

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1007 Registered No. 594
 (c) City St. Joseph (d) Street No. 2007 Savannah Ave., St. Joseph St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Obed R. Rush 280
 (a) Residence, No. St. Joseph No. R R #5 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Rush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Grocer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Oregon (STATE OR COUNTRY) Missouri

13. NAME Philip Rush
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Caroline Rostock
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. C. E. Sherman (ADDRESS) 2007 Savannah Ave., St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Anthony DATE 6/6/38

19. FUNERAL DIRECTOR Walter Meierhoffer (ADDRESS) 1302 Faraon St., St. Joseph

20. FILED 6/6 38 H. Heedebach Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938

22. I, HEREBY CERTIFY, That I attended deceased from Feb. 7, 1938 to June 4, 1938

I last saw him alive on June 4, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach Date of onset 6 mos.

Other contributory causes of importance: 46 lbs.

Name of operation None Date of None
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Arthur A. Lan, M. D.(Address) Kirkpatrick Bld.,

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Wilbur H. Kelly

Licensed Embalmer No. Mo. 3946

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.)