

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

REC'D MAR 21 1939

7390

Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 655
 (b) Township..... Primary Registration District No. 4392 Registered No.....
 (c) or City Steele (d) Street No..... 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 yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clayton Rushing Jr.

(a) Residence, No. 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**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 19 39

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1939

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at km.

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

0 0 0

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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

Still born
mother in ill health

Date of onset

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

Other contributory causes of importance:

FATHER **13. NAME** Clayton Rushing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Tenn

Name of operation..... Date of.....

MOTHER **15. MAIDEN NAME** Mary Rone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickrey Flat Miss

What test confirmed diagnosis?..... Was there an autopsy?.....

17. INFORMANT (ADDRESS) Clayton Rushing Steele, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem **DATE** Feb 27, 19 39

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.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) German Undt Co Steele, Mo.

Manner of injury.....

Nature of injury.....

20. FILED 3/10, 19 39 S. L. Robinson Local Registrar

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. B. McDaniel, M. D.

(Address) Steele Mo.

RECEIVED

District Health Officer No. 3,

District File Number 39-21

Date Filed 3/9/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.