DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Hannibal

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40591

Registration District No. 733 Primary Registration District No. 4438 Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph 3

(b) City or town Huntsville, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
419 N. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 1 hr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME Jacob G. Rush

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Phulla Wright

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

7. Birth date of deceased Mch 6, 1864.
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 28 If less than one day ... hr. ... min.

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

10. Usual occupation Foreman in Cement Factory

11. Industry or business

FATHER
12. Name Jacob Rush
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phebe Winnegar
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Rush

(b) Address 419 N. Main, Huntsville Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/4/39 (Month) (Day) (Year)

(c) ~~Place burial or cremation~~ Macon Mo

18. (a) Signature of funeral director Alfred Shuler

(b) Address Macon Mo

19. (a) Nov. 4 - 1939 (Date received local registrar) (b) Mrs. D. A. Bernhardt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 4 year 1939 hour 9:30 A.M. minutes ... M.

21. I hereby certify that I attended the deceased from Nov 4, 1939, to Nov 4, 1939; that I last saw him alive on Nov 4, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Sudden
Due to Chronic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. L. D. H. Johnston (M. D. or other) MD

Address Huntsville, Mo Date signed 11/6/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Huntsville

RECEIVED
District Health Officer No. 10
District File Number 12-39-2074
Date Filed DEC 5 1939

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 George L. Hile

Licensed Embalmer No. 4066

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

405-91
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph — Registration District No. 733
(b) Township — Primary Registration District No. 4488 — Registered No.
(c) City Huntsville — (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 Jacob G. Ruch
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): wid

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

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

7. AGE: Years 75 — Months 3 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 4 19 39 Mrs. D. A. Burnhart, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1939

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

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? ....
If so, specify ....
(Signed) D. H. Johnston, M. D.
(Address) Huntsville Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY W.