

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town J.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none 3315 E 20th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 1 year. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Barney E. Rush "Rush"
8. (b) If veteran, name war no. 8. (c) Social Security No. 496-09-7300

4. Sex ma 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Myrtle E. Rush. 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Dec. 9 1892
(Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Miller County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business W.P.A.

MOTHER FATHER { 12. Name Ben. F. Rush
13. Birthplace Miller County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Leona Cargel
15. Birthplace Miller County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle E. Rush
(b) Address 3315 E 20th.

17. (a) burial (b) Date thereof 2-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenland Cemetery

18. (a) Signature of funeral director H. P. ...
(b) Address W.C. ...

19. (a) Feb 7, 1940 (b) M.M. Crooke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Manassah City
(If outside city or town limits, write "RURAL")
(d) Street No. 3315 E 20th.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1940 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 7
1940 to Feb 6 19 40
that I last saw him alive on Feb 6 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 1 day

Due to Myocardial degeneration

Due to 102 68
10

Other conditions (Includes pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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 J.P. ... M.D. (M. D. or other)
Address 1203 ... Date signed 2/7/40

PLEASE PRINT USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

Francis Walton
By J. H. Ferguson

Licensed Embalmer No. *2744*

P. O. Address *H. C. 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, above space should be left blank.