

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 18

1. PLACE OF DEATH

(a) County Nodaway
 (b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 mo.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
 (c) City or town Maryville Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1008 N. Fillmore
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

MAXINE RUBY RUSH.

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

4. Sex 7 5. Color or race W. 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 11. 1916.
(Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 24. If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

MOTHER FATHER { 12. Name Hubert Martin Rush.
 { 13. Birthplace Nodaway Co. Mo.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Lola Blanche Murray.
 { 15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert M. Rush.

(b) Address 1008 N. Fillmore

17. (a) Burial (b) Date thereof Mar. 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parnell Mo.

18. (a) Signature of funeral director, John W. Price.

(b) Address Maryville Mo.

19. (a) 3-8-40 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6
 year 1940 hour 3 minute 50 a. M.

21. I hereby certify that I attended the deceased from Aug 10
 _____, 1939, to Mar 6, 1940
 that I last saw her alive on Mar 6, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death stroke
thrombosis from right
leg
 Due to diabetes, gangrene
and diabetes mellitus
 Due to _____
 Other conditions 54
(Include pregnancy within 3 months of death)

Duration

Major findings: diabetes gangrene
 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?
55 1/2 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature H. M. Hall (M. D. or other) _____
 Address Maryville Mo. Date signed 3-6-40

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

4
9
2

RECEIVED

District Health Officer No. 11
District File Number 440-211
Date Filed ~~APR 10 1910~~

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 John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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.