

Registration District No. 873

Primary Registration District No. 6157

Registrar's No.

1. PLACE OF DEATH:

(a) County VERNON
(b) City or town RURAL - MONTEVALLO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community _____
years, months or days3. (a) PRINT FULL NAME SARAH ELSIE RUSOW

8. (b) If veteran,

3. (c) Social Security

name war _____

No. _____

4. Sex FEMALE 5. Color or race white6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

JAMES RUSOWalive 53 years7. Birth date of deceased AUG. 20 1891
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

4924

hr. min.

9. Birthplace VERNON COUNTY FETH. MO.
(City, town, or county) (State or foreign country)10. Usual occupation house wife

11. Industry or business _____

12. Name WILLIAM MANLEY18. Birthplace IND.14. Maiden name SARAH WALKER15. Birthplace ILL.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature James Walker(b) Address Sheldon Route II17. (a) _____ (b) Date thereof 9-25
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation DAVELS PORT18. (a) Signature of funeral director J. J. Ward(b) Address Greenfield, Mo.19. (a) Sept. 24-40 (b) McKinneloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. Monteville Township
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 20 hour _____ minute _____ A. M.21. I hereby certify that I attended the deceased from May 5
1940, to June 14, 1940that I last saw her alive on June 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion
Hypertension cardiac

Duration

1 hr.Due to vascular disease ?

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? _____

While at work _____ (Specify type of place)

a) Means of injury _____

23. Signature Thomas G. Duerett (M. D. or other) MDAddress Sheldon Mo Date signed 9-24-40

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1497

Date Filed 10-14-40

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

J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, Me.

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.