V. S. No. 2
OM—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1942

Registration District No. 409

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2580

Primary Registration District No. 4242

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Duenweg Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Webb St. / Duenweg, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Duenweg, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Webb St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daniel Webster Rush.
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertie
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased January (Month) 1 (Day) 1870 (Year)

8. AGE: Years 72 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Mt Pleasant (City, town, or county) Texas (State or foreign country)
10. Usual occupation Grocery Store Operator.
11. Industry or business
FATHER
12. Name D.W. Rush.
13. Birthplace Lexington (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Martha Thomason.
15. Birthplace Knoxville (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Mrs Gertie Rush
(b) Address Duenweg, Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 10 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin Mo
19. (a) 1-9-42 (Date received by local registrar) (b) Ed S Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1942 hour 730 minute P.M.
21. I hereby certify that I attended the deceased from Sept 16, 1940, to Jan 7, 1941, that I last saw him alive on Jan 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus — Duration —
Due to Nephritis; chr. — 2 years
Due to
Other conditions (Include pregnancy within 3 months of death) 131 lb
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 (M. D.)
Address Date signed Jan 9/42

(Licensed Embalmer's Statement on Reverse Side)

42-1-111

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 Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Joplin, 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, fact should be so stated above.