

FILED JUL 17 1942
Registration District No. 660

Primary Registration District No. 587-8-5880 Registrar's No. 47

1. PLACE OF DEATH:
 (a) County: Parry
 (b) City or town: Rural Saline Jwy
 (c) Name of hospital or institution: 1
 (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 days

3. (a) PRINT FULL NAME: Amos M. Rushing
 3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex: Male 5. Color or race: White
 6. (a) Single, widowed, married, divorced: 2 Widowed
 6. (b) Name of husband or wife: Bolle Rushing
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Dec. 25 1857
 (Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 2 If less than one day
 hr. _____ min.

9. Birthplace: Benton Co. Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business _____
 MOTHER FATHER { 12. Name: David L. Rushing
 13. Birthplace: Benton Co. Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name: Sarah A. Moore
 15. Birthplace: Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant: Bradon Rushing
 (b) Address: McBride Mo.

17. (a) Removal (b) Date thereof: June 29 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Camden Tenn.

18. (a) Signature of funeral director: Young & Sons
 (b) Address: Perryville Mo.

19. (a) 6-29-42 (b) C. J. Grease
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Parry 79
 (c) City or town: Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June 27 day 27 June
 year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 15
 _____, 1942, to June 27, 1942,
 that I last saw him alive on June 26, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myo Carditis 4 yrs.
 Due to: Arterio Sclerosis

Due to _____
 Other conditions: Chronic Nephritis 4 yrs.
 (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) (e) Means of injury: 1

23. Signature: John E. ... (M. D. or other) M.D.
 Address: St. ... Date signed: 6-28-42

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

79
0
0

1115

RECEIVED

District Health Officer No. 4

District File Number 742-905

Date Filed 7-13-42

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.....

Licensed Embalmer No. 2138

P. O. Address Bryantville 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.