

S. No. 2
-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24965**

Registration District No. **FLD AUG 10 1942 249**

Primary Registration District No. **58-255907**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Cooter Twp
(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 2 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Cooter
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jean Edward Rushing

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1942 hour 2:30 minute _____ A.M.

4. Sex Male 5. Color or race White 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 March 24, 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
	<u>3</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death, Child, father dead in bed **Suffocation**

Duration _____

9. Birthplace Scott Hill Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 182-2
16

MOTHER FATHER

12. Name James Rushing

13. Birthplace Henderson County Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Louise Hart

15. Birthplace Henderson County Tennessee
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James Rushing

(b) Address Cooter, Missouri

17. (a) Burial (b) Date thereof July 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director German Undt. Co.

(b) Address Steele, Missouri

19. (a) 8-3 (b) H266 Lambaugh
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 8 - 1942 078

(c) Where did injury occur? Cooter, Pemiscot Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home, in bed

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Julius L. Moogie (M. D. or D. O.) Crozier
Address Hayti, Mo Date signed 7/8/42

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

8-42-16

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.....

was not embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.