

FILED NOV 11 1942

Registration District No. **27**

Primary Registration District No. **3005**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County **Bates**

(b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
403 W. Ohio Street
(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 **Mo** (b) County **Bates**

(c) City or town **New Admin**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BETSY ANN RUSH**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**
year **1942** hour **7** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **29** **1942** to **3** **1942**
that I last saw her alive on **Oct 3** 19**42**
and that death occurred on the date and hour stated above.

4. Sex **f** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **May 12 1888**
(Month) (Day) (Year)

Immediate cause of death: **Coronary occlusion**

Due to: **Chronic myocarditis**

Due to: **Chronic Industrial Nephritis**

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years **84** Months **4** Days **21** If less than one day _____ hr. _____ min.

Major findings:
Of operations: **1/2/42**

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace: **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **retired housewife**

11. Industry or business _____

12. Name **Charles Robinson**

13. Birthplace **England** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Knight**

15. Birthplace **England** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mack Nash**

(b) Address **Butler, Mo**

17. (a) **burial** (b) Date thereof **10-5-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill**

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

(a) Accident, suicide, or homicide (specify) **no**

(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? _____ (c) Means of injury _____

23. Signature **Chas. O. Kuch** (M. D. or other) _____
Address **Butler, Mo.** Date signed **10/5/42**

18. (a) Signature of funeral director **Charles**

(b) Address **Butler, Missouri**

19. (a) **Oct. 5, 1942** (b) **Mrs. Marion Crompton**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1208

Date Filed 11-9-42

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: C. E. Culver

Licensed Embalmer No. Bureau 2576

P. O. Address: Butte 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.