

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 332360 Primary Registration District No. 45176225 Registrar's No. 41

108
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Washington Town Ship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month & 2 days
(Specify whether in this community several years years, months or days)

3. (a) PRINT FULL NAME Clayton FRUSH

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

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 Aug 17 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 30 If less than one day hr. _____ min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James FRUSH

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

14. Maiden name Elizabeth Ferguson

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

16. (a) Informant State Hospital No 3 Record
(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof Nov 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Branson Mo

18. (a) Signature of funeral director R. D. Whitehead
(b) Address Branson Mo

19. (a) Nov 2-1942 (b) Mary Mullen
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31st
year 1942 4 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 29th, 1942, to Oct 31st, 1942, that I last saw him alive on Oct 31st, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Senile Pnyctosis

Due to _____

Due to _____

Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations 938

Of autopsy _____

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) (e) Means of injury _____

23. Signature G. S. Waraich (M. D. or other) _____

Address Nevada, Mo Date signed 10/4/42

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

RECEIVED

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed DEC 4 1942

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1273

Date Filed 12-7-42

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

Not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed *Minnie L. W. Helshel*

Licensed Embalmer No. 2277

P. O. Address *Burrton 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, above space should be left blank.