

S. No. 2
M-5-42
5-17-39
X322

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14060

State File No.

Registrar's No. **250**

FILED MAY 5 1943

Registration District No. **21**

Primary Registration District No. **3012**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Excelsior Springs, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Veterans Administration Facility**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 mos. 25 days**
(Specify whether
In this community **4 mos. 25 days**
years, months or days)

3. (a) PRINT FULL NAME **Orville Vincent Rust**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Frances Rust** 6. (c) Age of husband or wife if alive **?** years
7. Birth date of deceased **April 16, 1894**
(Month) (Day) (Year)

8. AGE: Years **48** Months **11** Days **28** If less than one day .hr. min.

9. Birthplace **Albany, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Grocery operator**

11. Industry or business **"**

MOTHER FATHER { 12. Name **Charles H. Rust**
13. Birthplace **?** (City, town, or county) (State or foreign country)
14. Maiden name **Mary E. Pratt**
15. Birthplace **Conry Co. Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records, Veterans Administration, Excelsior Springs, Mo.**
(b) Address **Excelsior Springs, Mo.**
17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **4-12-43** (Month) (Day) (Year)
(c) Place: burial or cremation **Albany, Mo.**

18. (a) Signature of funeral director **Clifford Brooks Funeral Home**
(b) Address **Albany, Mo.**

19. (a) **4-13-43** (Date received local registrar) **Mrs. Sadie Redman** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **110 North Belmont**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **/**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13** year **1943** hour **12:05** minute **P.** M.

21. I hereby certify that I attended the deceased from **November 19, 1942** to **April 13, 1943**
that I last saw him **in** alive on **April 12, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive disease of heart, with cardiac enlargement and cardiac decompensation, Class V.**
Due to **cardiac decompensation, Class V.**

Other conditions **Nephritis, parenchymatous, chronic**
(Include pregnancy within 3 months of death)

Major findings: Of operations **131 f**
Of autopsy **No 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? **-**

While at work? (Specify type of place) **Home** (Specify type of place)
23. Signature **Clifford Brooks** (M. D. or other) **M.D.**

Address **Veterans Administration** Date signed **4-12-43**
Excelsior Springs, Mo.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-13-12

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 _____

will be _____, Registered Apprentice No. 3329
working under my personal supervision.

Signed Clifford Bivale by P. Seaver

Licensed Embalmer No. 3329

P. O. Address albany 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.