

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34213

FILED NOV 9 1943

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1213

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo. Meth. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town 1608 No 18th
(If outside city or town limits, write "RURAL")

(d) Street No. St Joseph
(If rural, give location)

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

3. (a) PRINT FULL NAME Claude Rush

3. (b) If veteran, name war No

3. (c) Social Security No. 49-09-7860

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov day 5
year 1943 hour 5 minute 07 A M.

21. I hereby certify that I attended the deceased from Oct 31, 1942 to Nov 5, 1943
that I last saw him alive on Nov 4, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lois

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 2 1906
(Month) (Day) (Year)

Immediate cause of death Respiratory failure Duration 30 min

Due to Spongio blastoma multiforme 3 mos

Due to _____

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

8. AGE: Years Months Days If less than one day

37 5 3 hr. min.

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

10. Usual occupation Club Contract Dept.

11. Industry or business St. Railway

12. Name Alva Rush

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

14. Maiden name Maude Cooley

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

16. (a) Informant Mrs Lois Rush

(b) Address 1608 N 18th St, St Joseph Mo

17. (a) Burial (b) Date thereof 11-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) 11-8-43 (b) Rose Hergoy
(Date received local registrar) (Registrar's signature)

Major findings: 54a

Of operations _____

Of autopsy As above.

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 _____

23. Signature J. Ryan (M. D. certifying)
Address St Joseph Mo Date signed 11.5.43

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

1233

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

Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address. St Joseph, 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.