S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6305

Registrar's No. 526

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 3123 Woodland / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Sick 6mos (Specify whether years, months or days)

In this community: 25years

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.: 3123 Woodland (If rural, give location)

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

If yes, name country: no

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3. (a) PRINT FULL NAME: Mrs Elizabeth Rushmore

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: fe

5. Color or race: wh

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: W.W. Rushmore Deceased

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

7. Birth date of deceased: Aug 14th 1877 (Month) (Day) (Year)

8. AGE: Years: about 66 Months: 5 Days: 17 If less than one day: hr. min.

9. Birthplace: Kansas (City, town, or county) / (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

MOTHER FATHER

12. Name: Fred Bixler

13. Birthplace: Kansas (City, town, or county) / (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs Chas Zent

(b) Address: 3123 Woodland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 2th 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Manhattan Kansas

18. (a) Signature of funeral director: Eylar Funeral Home

(b) Address: 1800 Linwood Blvd

19. (a) 2-1-44 (Date received local registrar) (b) T. E. Brown (VZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 31st year: 1944 hour: 10 minute: 50 A.M.

21. I hereby certify that I attended the deceased from 8/9/43 1/27, 19..., to 1/31, 1944, 19..., that I last saw h... alive on 1/27/44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Arteriosclerotic Hypertension — Duration: May 1943

Due to: —

Due to: —

Other conditions (Include pregnancy within 3 months of death): —

Major findings: Of operations: —

Of autopsy: —

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

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: D

23. Signature: James A. Hadley (M. D. or other)

Address: 914 Paseo Bldg Date signed: 1/31/44

(Licensed Embalmer's Statement on Reverse Side)

Dr McVay Va 5800
Porter Bg

JUL 10 1947

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.