

S. No. 2
M-5-43
5-17-39
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State File No.

Registrar's No. 10

Registration District No. 379

Primary Registration District No. 6263

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

1. PLACE OF DEATH: **Webster Rural home**

(a) County _____
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster**
 (c) City or town **Rural**
 (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 **Ella Jane Rush**

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2** year **1944** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 1943** to **July 1944** that I last saw **ev** alive on **July 1, 1944** and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: **8** (Month) **2** (Day) **1865** (Year)

Immediate cause of death: **Cerebral Hemorrhage**

Due to: **myocardial degeneration**

Other conditions: _____

Major findings: **93d**

Of operations: _____

Of autopsy: _____

8. AGE: Years **79** Months **11** Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **house keeper**

11. Industry or business _____

12. Name **Oliver Redrick**

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

14. Maiden name **Catherine Honey**

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

MOTHER FATHER

16. (a) Informant **Mr. S. Goldie Denny**

(b) Address **Seymour, Mo.**

17. (a) **burial** (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation **Goss Cemetery**

18. (a) Signature of funeral director **Kelley-Ferrell**

(b) Address **Seymour, Mo.**

19. (a) **July 9** (b) **Hilbert Jones** (Date received local registrar) (Registrar's signature)

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 **Dr. K. Lee** (M. D. or other) _____
 Address **Seymour, Mo.** Date signed **7/6/44**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 84-958

Date Filed AUG 22 1944

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 *H. H. Kelley*

Licensed Embalmer No. *9334*

P. O. Address *Raymour 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.