S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1944

Registration District No. 449

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30293

Primary Registration District No. 1002

Registrar's No. 3680

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Menorah Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 42 Days (Specify whether years, months or days)

In this community 28 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. Tanner Hotel 917 Locust 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Rush

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Laura E. Rush

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

7. Birth date of deceased 6 (Month) 6 (Day) 1872 (Year)

8. AGE: Years 72 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business

FATHER
12. Name John Rush
13. Birthplace Arkansas (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Missouri E. Searcy
15. Birthplace Arkansas (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mr. Wilbur C. Rush
(b) Address 6322 McGee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 12 (Day) 44 (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918-920 Brooklyn

19. (a) 9-11-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7 year 44 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 27, 1944, to Sept 7, 1944, that I last saw him alive on Sept 6, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	1 day
Due to: Carcinoma of Stomach	6 mos
Due to:	
Other conditions (Include pregnancy within 3 months of death): 46 A	

Major findings:
Of operations: Adeno Carcinoma Stomach Type 2
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harry C. Logo O (M. D. or other)
Address 1103 Grand Date signed 9-7-44

(Licensed Embalmer's Statement on Reverse Side)

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 Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address K C 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.