

3. No. 2  
-3-43  
5-17-39  
I X37823

State File No. \_\_\_\_\_

FILED DEC 11 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3127

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
402 South Oakland  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6  
(If outside city or town limits, write "RURAL")

(d) Street No. 402 South Oakland 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 17

3. (a) PRINT FULL NAME Mrs. Aulta N. Rusk

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1944 hour 6:15 minute P. M.

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife Ralph Rusk

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased June 15, 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-28-43 19. to Nov 27, 1944  
that I last saw her alive on 11-27-44 19. and that death occurred on the date and hour stated above.

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

47 5 12 hr. min.

Immediate cause of death: Carcinoma of Uterus  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: (Include pregnancy within 3 months of death) 48

9. Birthplace Webb City, Missouri U  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J. J. Craig

13. Birthplace Ohio U  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Morgan

15. Birthplace Granby, Missouri U  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Husband Ralph Rusk

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 11/29/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature James W. Stakert (M. D.)  
Address Webb City Date signed 11-29-44

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) Nov 29, 1944 (b) Mrs. Lillie Laga  
(Date received local registrar) (Registrar's signature)

1180

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

9  
6  
2

Duration  
Five  
8-28-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

44-12-976

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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 *C. W. Hedge*  
Licensed Embalmer No. 2859  
P. O. Address Jackson City, 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.**