

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

FILED AUG 14 1945

23342
Do not use this space.

1. PLACE OF DEATH
 (a) County Dade Registration District No. 92
 (b) Township Marion Primary Registration District No. 5000 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Agnes O. Rush
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwood Rush
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 18 64
7. AGE YEARS 80 MONTHS 8 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
FATHER
13. NAME Elmer M. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
MOTHER
15. MAIDEN NAME Helen Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
17. INFORMANT (ADDRESS) Jurgan Rush
Lackwood Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel DATE _____ 19____
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. Jay Caldwell
Lackwood Mo
20. FILED _____ 19____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1945
22. I HEREBY CERTIFY That I attended deceased from July 24 1945 to July 24 1945
 I last saw her alive on July 1945 Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Heart attack Date of onset _____
 Other contributory causes of importance: 9504
Name of operation _____ **Date of** _____
What test confirmed diagnosis? _____ **Was there an autopsy?** _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ **Date of injury** _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) James D. Wren, M. D.
 (Address) Lackwood Mo

Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

1432

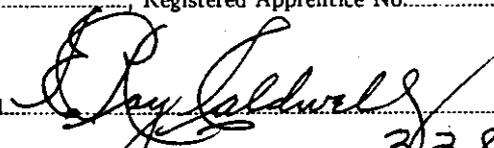
STATEMENT BY LICENSED EMBALMER

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.....



.....
Licensed Embalmer No.

3380

P. O. Address.....

Lockwood, 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, above space should be left blank.

AUG 14 1945

Registration District No. 92 Primary Registration District No. 5335

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Mason says Rural
(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

3. (a) PRINT FULL NAME

Agnes O. Rush
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Oct 25 (Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Ill.

10. Usual occupation _____

11. Industry or business _____

12. Name Elmer in Jones

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

14. Maiden name Helen Mead

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

16. (a) Informant Truman Rush

(b) Address Lockwood

17. (a) _____ (b) Date thereof 7-26-45 (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-26-45 (Date received local registrar) (b) Mary Ruth Bird (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

100-100000

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