

FILED FEB 11 1948

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1021 Green Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
In this community 63 years 11 months 16 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Myrtle Wilda Rush

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy Rush 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 3 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 16 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business

12. Name James R. Foley

13. Birthplace Weston Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Frances Osborn

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

16. (a) Informant Roy Rush

(b) Address 1021 Green, St. Joseph, Missouri.

17. (a) Mausoleum (b) Date thereof 1/21/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mausoleum, Ashland

18. (a) Signature of funeral director Walter Reichhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) Jan. 26, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1021 Green Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th.
year 1946 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1/19 1946 to 1-19 1946
that I last saw her alive on 1/19/46
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Preliminary Shaver's

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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) no
(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 [Signature] (M. D. or other) _____
Address 2624 St. Joseph Date signed 1/19/46

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

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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..... *Albert P. Harrington*

Licensed Embalmer No..... 3258 Missouri.....

P. O. Address..... St. Joseph, Missouri.....

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.