

FILED FEB 8 1946  
Registration District No. 43

Primary Registration District No. 3007

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

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12  
(c) City or town Poplar Bluff 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 730 Garland 3  
(If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alfred R. Rushing

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb. 28th, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>3</u>	hr. _____ min.

9. Birthplace \_\_\_\_\_ Georgia 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Don't know

13. Birthplace Don't know ?  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know ?

15. Birthplace Don't know ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Jannie Sharkey //

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof Feb 4 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Cemetery

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 2/3/46 (b) R.H. Nunn  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 31  
year 1946 hour 7 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Jan 31, 1946, to Jan 31, 1946  
that I last saw him alive on Jan 31, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage artery  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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? \_\_\_\_\_

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

23. Signature Alfred P. Gray (M. D. or other)  
Address Poplar Bluff, Mo. Date signed 2-4-46

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

2  
7  
3

245

30

RECEIVED

District Health Office No. 2,

District File Number 246-204

Date Filed 2-7-46

Dr. Reese

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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..... Ryman Steele.....

Licensed Embalmer No. 2476.....

P. O. Address Dexter 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.