

FILED JUN 9 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17157

Registrar's No. 446

Registration District No. 128

Primary Registration District No. 20008

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

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
O'Reilly VA Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 months  
(Specify whether  
In this community 3 months  
years, months or days)

3. (a) PRINT FULL NAME Arthur Rusher, Jr.

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Loretta Rusher  
6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased 12/27/21  
(Month) (Day) (Year)

8. AGE: Years 25 Months 5 Days 0  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Keffer Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation None

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

MOTHER FATHER

12. Name Arthur Rusher  
13. Birthplace Fordsville Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Leona Bessie Rider  
15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. S. Burkner  
(b) Address 1129 26th St. North  
Removal Birmingham, Ala.

17. (a) \_\_\_\_\_ (b) Date thereof 5/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sapulpa, Okla

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.

19. (a) 5-26-47 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Tulsa  
(c) City or town Tulsa  
(If outside city or town limits, write "RURAL")  
(d) Street No. 348 S. 51st West Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1947 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from 2/14/47  
19\_\_\_\_ to 5/26/47 19\_\_\_\_  
that I last saw him alive on 5/26/47 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Bilateral Duration  
Far Advanced, Active

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 \_\_\_\_\_

Signature Paul L. Eisele (M. D. License) \_\_\_\_\_  
Address Clinical Director Date signed 5/26/47

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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 *Walter E. Hunter*.....

Licensed Embalmer No. **3808**.....

P. O. Address **Springfield, 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.**