

No. 2
M-8-43
5-17-39
I X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37028**
Registrar's No. **43**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 26 1947

Registration District No. **36** Primary Registration District No. **EA 4038**

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

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Warsaw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Wecatur ⁹⁹⁹
(c) City or town Leon (If outside city or town limits, write "RURAL") ¹³⁰
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME HAROLD Louis RUSH
3. (b) If veteran, name war World War I 3. (c) Social Security No. No

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie B. Rush 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Dec 25 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 21 hr. min.

9. Birthplace Kansas City MO
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Agency

11. Industry or business _____

MOTHER FATHER { 12. Name J. W. Rush
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jenny Pennington
15. Birthplace Leon Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Rush
(b) Address Leon, Iowa

17. (a) removal (b) Date thereof Nov 16, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Legg Cemetery Iowa

18. (a) Signature of funeral director John F. Dean
(b) Address Warsaw, Mo.

19. (a) Nov 22 1947 (b) Jas. J. Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 16
year 1947 hour 12 minute 40 A.M.
21. I hereby certify that I attended the deceased from Nov 15, 1947 to Nov 16, 1947
that I last saw him alive on Nov 15, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Ruptured Abscess (in Vater's Ampullae) few days
Due to Common Bile Duct
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 127 B
Of autopsy Ruptured Abscess in Vater's Ampullae

22. If death was due to external causes, 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 2
23. Signature Euseeb (M. D. or other) DO
Address Warsaw Mo Date signed 11/16/47

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
10-47-13 St.
1-25-47

JAN 20 1958

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. 12
working under my personal supervision.

Signed..... John A. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.