

S. No. 2
DM-5-43
v. 5-17-39
P. 1 X36671

40972

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 5 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1535

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 Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution four weeks
(Specify whether years, months or days) abt. 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Beechard
(c) City or town 2028 Savannah Ave
(If outside city or town limits, write "RURAL")
(d) Street No. St. Joseph MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY-ANN-RUSH.

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

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

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

7. Birth date of deceased Feb 8 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Charles Hendrick
13. Birthplace Edgerton MO
(City, town, or county) (State or foreign country)

14. Maiden name Maude Hendrick
15. Birthplace Edgerton MO
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Thurman
(b) Address 2028 Savannah Ave

17. (a) _____ (b) Date thereof Dec 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ambrose Cem
18. (a) Signature of funeral director St. Joseph Funeral Home
(b) Address St. Joseph MO

19. (a) Jan 2, 1948 (b) B. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1947 died 3:00 minute P M.

21. I hereby certify that I attended the deceased from Dec 27th 19____ 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 Mitral Insufficiency Duration _____

Due to _____

Due to _____

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

Major findings: MI
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? 3

While at work? _____ (Specify type of place) (e) Means of injury Coroner

23. Signature B. W. Tadlock (M. D. or other) _____
Address KING HILL BLDG Date signed 1/29/48

maiden name OK'D by informant item #14 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Joseph

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.....

Charles M. Harman, Registered Apprentice No. *450*
working under my personal supervision.

Signed.....

John Roy Stawey

Licensed Embalmer No. *2435*

P. O. Address *St Joseph W*

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.