

No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 8 1948
Registration District No. 4

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 113174
Registrar's No. 44

Primary Registration District No. 3032

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

1. PLACE OF DEATH:
(a) County JOHNSON
(b) City or town WARRENSBURG
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
123 WEST CANTON /
(If not in hospital or institution, write street number or location)
(d) Length of stay: 14 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JOHNSON 51
(c) City or town WARRENSBURG 2
(If outside city or town limits, write "RURAL")
(d) Street No. 123 WEST CANTON 2
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALEXANDER E RUSH
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 26
year 1948 hour fourteen M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife VERNA POLLOCK RUSH
6. (c) Age of husband or wife if alive DECEASED
Birth date of deceased SEPT. 22 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 7 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial infarction
of long standing as evidenced
by a 2nd degree block
Due to coronary artery disease
death.

9. Birthplace NEW ORLEANS LOUISIANA
(City, town, or county) (State or foreign country)

Other conditions was found dead
(Include pregnancy within 3 months of death)

10. Usual occupation TYPEWRITER MECHANIC

Major findings: in this room
Of operations _____
Of autopsy 95%

MOTHER FATHER
12. Name HENRY RUSH
13. Birthplace WYCKLOW MAINE
(City, town, or county) (State or foreign country)
14. Maiden name SARAH JACOBS
15. Birthplace WYCKLOW MAINE
(City, town, or county) (State or foreign country)

16. (a) Informant Vera B. McCORMICK
(b) Address Joplin Missouri

17. (a) BURIAL (b) Date thereof 4-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WARRENSBURG

18. (a) Signature of funeral director F. L. Schuber
(b) Address Warrensburg Mo.
19. (a) 4-27-1948 (b) Seannah Chrytel
(Date received local registrar) (Registrar's signature)

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? 0
While at work? _____ (e) Means of injury _____
Date signed 4/27/48
Address Warrensburg Mo

JUN 7 1948
MAY 28 1948

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

W. R. Readinger Registered Apprentice No. 517
working under my personal supervision.

Signed Francis Lee Schaberg
Licensed Embalmer No. 4513

P. O. Address Warrensburg, 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.