

No. 300
-10-47
5-17-39
PI 3906

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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20505**
Registrar's No. **55**

Registration District No. **297**

Primary Registration District No. **6.2.1**

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural, Grape Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 74 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray **89**

(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")

(d) Street No. Grape Grove Township **0**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME Robert Singleton Rust

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1948 hour 3 minute A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 3 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-4-48 19____ to 6-25-48 19____;
that I last saw im alive on 6-24-48 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 5 Days 23
If less than one day hr. _____ min. _____

Immediate cause of death Coronary Occlusion **Duration 3 days**

9. Birthplace Rockingham County Virginia
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farmer

Due to _____

11. Industry or business _____

Due to _____

12. Name Bushrod Rust

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

13. Birthplace Rockingham Co. Virginia
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

14. Maiden name Elizabeth Stump

Of autopsy _____

15. Birthplace Rockingham Co Virginia
(City, town, or county) (State or foreign country)

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

16. (a) Informant Hollard Rust

22. If death was due to external causes, fill in the following:

(b) Address Richmond, Mo.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof June 27, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation New Hope Cemetery

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director John W. D. ...

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Hardins Mo

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

19. (a) July 2 - 1948 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature) **7 9 3**

23. Signature Thos J Cook (M. D. or D. O.) **0**

Address Richmond, Mo. Date signed 7-1-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-9-48

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

John W. Knipschild

Licensed Embalmer No.

2789

P. O. Address

Hardin 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.