

U.S. No. 300  
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I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED DEC 20 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40990  
State File No. \_\_\_\_\_  
Registrar's No. 109

Registration District No. 267

Primary Registration District No. 30495902

1. PLACE OF DEATH:  
(a) County Pemiscot  
(b) City or town Hayti  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 30 Years (Specify whether \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pemiscot  
(c) City or town Hayti, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME JAMES RICHARD RUSHING  
3. (b) If veteran, name war X  
3. (c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 2nd, year 1948 hour 8 minute 20 A.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ada Rushing  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased October 6, 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 16, 1948, to Dec. 2, 1948, that I last saw him alive on Dec. 2, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 1 Days 26  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Pulmonary T. B.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Decatur, Co. Ill.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 2/3 B  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation retired Farmer  
11. Industry or business X  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Les Curtis  
(b) Address Hayti, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/48  
(Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director H.S. Smith Fun. Home  
(b) Address Caruthersville, Mo.  
19. (a) 12-10-48 (Date received local registrar) (b) John W. German (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 5  
23. Signature John W. German (M. D. or other) \_\_\_\_\_  
Address Hayti, Mo. Date signed 12/4/48

(Licensed Embalmer's Statement on Reverse Side)

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

78  
30

12-48-335

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.....

*William D. Fike*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*William D. Fike*

Licensed Embalmer No. *4484*

P. O. Address... *Carthageville, 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.