

FILED DEC 30 1955

STANDARD CERTIFICATE OF DEATH

 State File No. **40635**
5336

 No. 300
 10.48

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE KANSAS b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN OSAWATOMIE	
c. LENGTH OF STAY (in this place) 5 days		d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 718 WALNUT	

3. NAME OF DECEASED (Type or Print) RUSH			4. DATE OF DEATH (Month) (Day) (Year) December 6, 1955		
a. (First) HOLT			b. (Middle) _____		
c. (Last) _____			5. SEX Male		
6. COLOR OR RACE Colored			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Never married		
8. DATE OF BIRTH August 27, 1888			9. AGE (In years less birthday) 67		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed			10b. KIND OF BUSINESS OR INDUSTRY laborer		
11. BIRTHPLACE (City and State or Foreign Country) Emporia, Kansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME VA Hospital, Kansas City, Missouri	
(If yes, give no. or dates of service) 1944-1		18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH Unknown	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Military Tuberculosis		Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema and congestion		0192	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from Dec. 3, 1955, to Dec. 6, 1955, and that death occurred at 9:05 p.m., from the causes and on the date stated above.	

23a. SIGNATURE (Degree or title) GUIDO PODRECCA, M.D. Guido Podrecca			23b. ADDRESS VA Hospital, Kansas City, Mo.	
23c. DATE SIGNED 12/7/55			24a. BURIAL CREMATION REMOVAL (Specify) Burial	
24b. DATE 12/12/55		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		
24d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE C.E. David		

DATE REC'D BY LOCAL REG. 12-8-55		REGISTRAR'S SIGNATURE Rene Minshall	
25. FUNERAL DIRECTOR'S SIGNATURE C.E. David		ADDRESS 1415 Truman	

(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Landis A. Jackson*

Licensed Embalmer No. *4856*

P. O. Address *X. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.