S. No. 2	DEPARTMENT OF COMMERCE MISSOURI STATE	BOARD OF HEALTH		
-9-4-41	BUREAU OF THE CENSUS CTANDADD CEDT	CTANDADD CERTIFICATE OF BEATH		
. 5-17-39				
PI X29484	Registration District No Primary Registration I	District No. Registrar's No		
26	1. PLACE OF DEATH:			
_	· · · · · · · · · · · · · · · · · · ·	2. USUAL RESIDENCE OF DECEASED:		
20	(a) County	(a) State MISSOUPI (b) County Cole		
υş	(b) City or town (if outside city or town limits, write "RURAL" and flame of township)			
Ж	(c) Name of nospital or institution:	(If autoide alter as town lively with the text of		
×	(If not in bospital or institution, write street number or location)	(d) Street No		
Z	(If not in hospital or institution, write street number or location)	(If rural, give location)		
	(d) Length of stay: In hospital or institution. (Specify whethe	(e) Citizen of foreign country? (Yes or No)		
3	In this community	If yes, name country		
A PERMANENT RECORD	your at the transfer of the tr			
	J. (a) PRINT Amelia Regenia Push	MEDICAL CERTIFICATION		
		20. DATE OF DEATH; Month DEC day 20		
	3. (b) If veteran, 3. (c) Social Security	year 1942 hour 3 minute 30 PM.		
AK	name war	21. I hereby certify that I attended the deceased from.		
–MAKE	S. Color or 6. (a) Single, widowed, marrie	4, 19.35, to 12/120 1942		
J	4. Sex Female /race white / divorced mannied			
INK	6. (b) Name of husband or wife			
	John R. Rush alive 88 year	1 Duration		
BLACK	auve at year	The state cause of the state of		
	7. Birth date of deceased Sept. 14 (Day) (Year)			
		_		
ည္	8. AGE: Years Months Days If less than one day	Due to teknomie Rephilles 5016 yrs.		
Ħ	X6 3 7 - hr mi			
Į.		Due to		
UNFADING	9. Birthplace (Lt. I. T. D. M. D. (State or foreign country) (City, town, or county) (State or foreign country)			
. —				
-USE	10. Usual occupation to use wife	Other conditions (Include pregnancy within 3 months of death)		
	11. Industry or business	Major findings:		
, ,	12 Name Louis Winters	Ur operations.		
Ĵ		Underline the cause to		
	(City, town, or county) (State or foreign country)	of autorsy which death		
PLAINLY	Salive Rotston	charged sta- tistically.		
	State or foreign country Cate or foreign country (State or foreign country)	22. If death was due to external causes, fill in the following:		
WRITE	(City, town, or county) (State or foreign country)			
X	16. (a) Informant Rela Etter	•• [
	(b) Address Eugene Mo.	(b) Date of occurrence		
i	17. (a) Burial (b) Date thereof /2 - 32 - 42	(c) Where did injury occur? (City or town) (County) (State)		
	(Burial, cremation, or removal) (Month) (Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place, in public place?		
.,	(c) Place: burial or cremation Eugene			
,	18. (a) Signature of funeral director	While at work (Specify type of place) While at work (e) Means of injury		
	(b) Address 6	In The Holy held		
	19. (a) Dec. 221942. Mrs. 7. V. Kallend	23. Signature (M. D. or other)		
-	(Date received local registrar) (Registrar's signature) IPAddress (Date signed 1/1/2) (Date signed 1/1/2)			
	1007 (Licensed Embalmer's S	Statement on Reverse Side)		
	·			

JAN 12 1943

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						
		,	Registered Apprentice	No		
working under my personal supervision.	•	,				

Signed Licensed Embalmer No. 398

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.