

RECD MAR 23 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7610  
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 740  
(b) Township Crofted drivers Primary Registration District No. 4442 Registered No. 2  
(c) City Hardin (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 71 yrs. 11 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FLORRIE YATES RUST.

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF husband of Jacob J. Rust

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1939, to Feb 13 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar -13-1867

I last saw her alive on Feb 13 1939. Death is said to have occurred on the date stated above, at 2 P m.

7. AGE 71 YEARS 11 MONTHS 0 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Intestinal Fila Date of onset 2/8/39

12. BIRTHPLACE (CITY OR TOWN) Morton, Mo. (STATE OR COUNTRY) C

Other contributory causes of importance: Myocarditis 2 yrs

FATHER 13. NAME Dr. W. F. Yates

14. BIRTHPLACE (CITY OR TOWN) Shelbyville, Kentucky (STATE OR COUNTRY) KT

MOTHER 15. MAIDEN NAME Susan Nelson Yates

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Jacob J. Rust (ADDRESS) Hardin, Mo.

18. BURIAL, CREMATION, OR REMOVAL - Burial PLACE Lavelock Cem. DATE Feb. 15 1939

19. FUNERAL DIRECTOR J. W. Knipschild (ADDRESS) Hardin, Mo.

20. FILED Feb. 15 1939 P. E. Williford Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so; specify \_\_\_\_\_  
(Signed) Marrin Burns \_\_\_\_\_, M. D.  
(Address) Hardin, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**