

## CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 7471

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
 (b) City or town Rosewood (Rural)  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhlenberg  
 (c) City or town Rosewood (Rural)  
 (If outside city or town limits, write RURAL)  
 (d) Street No. Rosewood - Belle  
 (If rural give precinct) R#2  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

3(a) FULL NAME Silas Lee Rust.

3(b) If veteran, \_\_\_\_\_

3(c) Social Security

Name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced widowed6(b) Name of husband or wife Nora Rust.

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased march 6 1863  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day min.  
82 11 14 hr. \_\_\_\_\_ min.9. Birthplace Muhlenberg, Co.10. Usual occupation Merchant. (Retired)

11. Industry or business \_\_\_\_\_

FATHER

12. Name Joseph Rust.13. Birthplace Unknown.

MOTHER

14. Maiden name Larue Tinsley.15. Birthplace Unknown.16(a) Informant's own signature Clyde Rust(b) Address Route 2, Greenville Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Rosewood Date Feb 22, 194618(a) Signature of funeral director J. Irving King(b) Address Greenville, Ky.19(a) 3-9-46  
(Date received by local registrar)(b) Memorie Lidge  
(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 194621. I hereby certify that I attended the deceased from Oct 7 1945 to Feb 20 1946. that I last saw him alive on Oct 7-1945 and that death occurred on the date stated above at 10:30 P. M.

Immediate cause of death \_\_\_\_\_

DURATION

Coronary Occlusion 10 min.Due to Coronary Sclerosis with hypertensionOther conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

Major findings:

Of operation 61-9414

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signed James Wilson M.D.  
Address Greenville, Ky. Date signed 3/2/46

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.