

REC'D JUN 15 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

17617

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Barry Registration District No. 29  
 (b) Township Flat Creek Primary Registration District No. 5038 Registered No. 12  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME B. Frank Bushey

- (a) Residence, No. Flat Creek township, Barry County, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret E. Walton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 6, 1861</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>15</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fayette, Ohio.</u>	
	13. NAME <u>Unknown</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Walter Cook</u> <u>Cassville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Corinth</u> DATE <u>1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Kooy Funeral Home</u> <u>Cassville, Mo.</u>		
20. FILED <u>6-10</u> 19 <u>38</u> <u>Geo. Dreuman</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 21</u> , 19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>1936</u> , to <u>May 21</u> , 19 <u>38</u> I last saw him alive on <u>May 21</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>11:45 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Cancer of Stomach</u> <u>4 1/2</u> Other contributory causes of importance: <u>Chronic Nephritis</u>
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?..... If so, specify <u>Herbert D. Salzer</u> (Signed) <u>Cassville, Mo.</u> , M. D. (Address) <u>Cassville, Mo.</u>

STATEMENT BY LICENSED EMBALMER

I, P. J. Miller, Licensed Embalmer No. 3794  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by P. E. Wood  
L. E. 3804  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed P. J. Miller  
Licensed Embalmer No. 3794

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

17619

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 29  
 (b) Township Flat Creek Primary Registration District No. 5038 Registered No. ....  
 (c) City ..... (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME B. Frank W. Mashey

(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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 4 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 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.....

12. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE May 23 1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7-11 1938 Leou Neuman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Cancer, Stomach Date of onset

Other contributory causes of importance:

Chronic hepatitis

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? .....

If so, specify Glenn Salzer M. D.  
 (Signed) Cassville Mo.  
 (Address)

SUPPLEMENTARY

1938

S-17617