

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

REC'D JUN 8 1938

18304

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001 Registered No. 445
 (c) City Springfield, Mo. (d) Street No. 903 S. Fort 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 Mrs. Frances Sarah Bush

(a) Residence, No. 903 S. Fort 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 4 3

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

FATHER 13. NAME Silas Powell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Margrette Mann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mr. Wm. C. Bush
Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE June 1, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Lohmeyer
Springfield, Mo.20. FILED June 1, 1938 Chas. G. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1938, to May 29, 1938
 I last saw her alive on May 29, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Hemorrhage of lung
Apnea
death

Date of onset

5/28/38

Other contributory causes of importance:

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) Halter Dr. Beck

(Address) 580 E. Elm St.

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,

M. L. Canaday

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

M. L. Canaday

Licensed Embalmer No. *2424*

P. O. Address

Springfield, Mo

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, above space should be left blank.

Relative to cause of death as recited on death certificate of Mrs. Sarah Frances Bush, called Dr. Walter Beck, Chiropractor as to indefinite cause of death, he informed me he did not know the cause of death other than recited and said he only saw the patient one time.

Chas. C. George M.D.
Registrar V. S. District 318.

18304
(1938)