REC'D JUN 14 1938

Dr. Kelly

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

18334
Do not use this space.

1. PLACE OF DEATH

(a) County Greene 1 Registration District No. 317

(b) Township Wilson Primary Registration District No. 5442 Registered No.

(c) City (d) Street No. Route # 8 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 Phoebe Ann Bussard 263

(a) Residence, No. Route # 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
82	5	21	

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) Forsythe Missouri 0

FATHER
13. NAME Jacob R. Grider 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 9

MOTHER
15. MAIDEN NAME Nancy Simpson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charles R. Bussard Springfield, Mo. Route # 8

18. BURIAL, CREMATION, OR REMOVAL
PLACE Patterson Cem. DATE May 5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Lohmeyer F.H. Springfield, Mo.

20. FILED May 9, 1938 Mrs Bertha Nance Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-3-, 1938, to 5-3-, 1938
I last saw her alive on 5-3-, 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cerbro Hemarrhage

Date of onset

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?
If so, specify
(Signed) H. Kelly, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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 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.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

This Body was not embalmed

H. Lohmeyer Funeral Hom