REC'D FEB 21 1939

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

1603
Do not use this space.

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1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 1001
(b) Township — Primary Registration District No. — Registered No. 1
(c) City St. Joseph — (d) Street No. St. Joseph's Hospital. 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 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 200 Flossie Cecil Bush
(a) Residence, No. 1501½ N.3rd. 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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1, 1890.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
48	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A.
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) Dec. 1938.
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton, Iowa.

FATHER
13. NAME: Granvill Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Wisconsin

MOTHER
15. MAIDEN NAME: Ella Dailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa.

17. INFORMANT (ADDRESS): Mrs. Ella Jones 1416 Ridenbaugh Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE Jan. 3, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED Jan 3, 1939 H. J. Nestlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 1, 1939

22. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased from Jan. 1, 1939, to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3:09 AM
The principal cause of death and related causes of importance were as follows:

Suicide by drinking Sodium Floride - Poison.

Date of onset

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Other contributory causes of importance: None.

Name of operation ... Date of ...
What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Jan 1, 1939
Where did injury occur? St. Joseph, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Drank Poison
Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) R. W. Tuckalk Coroner
(Address) King Hill Blgd' St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—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.

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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, ...

Elbert E. Harrington, or by ********

Registered Apprentice No. ******, working under my personal supervision.

Signed E E Harrington

Licensed Embalmer No. 3258

P. O. Address 1802 Union Str. St. Jos

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

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