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

REC'D MAR 16 1939

7002
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette — Registration District No. 464
(b) Township or — Primary Registration District No. 4275 — Registered No. 7
(c) City Mayview — (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 Unnamed Richard Dale ~~Bush~~ Bush
(a) Residence, No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21, 1939
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — 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. ✓
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) Mayview Mo

FATHER
13. NAME MARTIN BUSH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CONCORDIA MO

MOTHER
15. MAIDEN NAME MARIE MASON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HICKORY CO MO

17. INFORMANT (ADDRESS) MARTIN BUSH MAYVIEW MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE Luckman Cemetery Concordia Mo DATE Feb 23, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. S. James Concordia Mo
20. FILED 2-21-1939 Mrs E. M. Goodwin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1939, to 2-21, 1939
I last saw him alive on Still born 2-21, 1939. Death is said to have occurred on the date stated above, at 9P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still born	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) [illegible] M. D.
(Address) Odessa 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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RECEIVED
District Health Officer No. 8,
District File Number 3/4/39
Date Filed

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 Irving L. Huswan

Licensed Embalmer No. 2541

P. O. Address Odessa Mo.

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

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