

1930 APR 25 1939

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

11931
Do not use this space.

1. PLACE OF DEATH
(a) County Pike Registration District No. 1081
(b) Township Leaumont Primary Registration District No. 5209A Registered No. 2
(c) City Donnada (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 George Wm Bush
(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 9 - 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 - 22
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. Farmer
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) Bates Co, Mo
FATHER 13. NAME Phillip Bush
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indo
MOTHER 15. MAIDEN NAME Sallie Richards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co
17. INFORMANT (ADDRESS) Nary Bush, Mo
Starkville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Starkville DATE March 5, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.A. Bradley
Starkville Mo
20. FILED 2-4-1939 Martha Panner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 1939, to March 3, 1939.
I last saw him alive on Feb, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cancer of jaw Date of onset 1935
Other contributory causes of importance: 45
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) C. B. Smith, M. D.
613 (Address) Starkville Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-67/

Date Filed APR 19 1939

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 comply with the above constitutes grounds for revocation of license.)

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