REC'D JUN 8 1939

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

18630

Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
(d) Street No. Burge 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 401

2. PRINT FULL NAME 240 Baby Boy Bussell
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city)
(Res of mother) Koshkonong Mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10-1939
7. AGE ✓ YEARS 0 MONTHS 0 DAYS 1 If LESS than 1 day, 9 hrs. or 12 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) Springfield, Mo.

FATHER
13. NAME Mr. Rubin U. Bussell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orgeon Co. Missouri

MOTHER
15. MAIDEN NAME Wilma L. Butler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mr. Rubin U. Bussell. Koshkonong, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Koshkonong Mo DATE Bussells Cemetary 5/13 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Reuben Bussell acting Koshkonong Mo
20. FILED 5-12- 1939 Chas A George M D Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1939, to May 12th, 1939
I last saw him alive on May 11th, 1939 Death is said to have occurred on the date stated above, at 2:00 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral hemorrhage

160 lb

Other contributory causes of importance:

Contracted Pelvis

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) Fred R. Farthing, M. D.
290 (Address) Medical Arts Bldg

(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.

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

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