

REC'D SEP 20 1939

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

28790
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125-5179
 (b) Township Cape Girardeau Primary Registration District No. 3009 Registered No. 285
 (c) or City Cape Girardeau (d) Street No. Upper Bend Road, Route 1 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 201 Hiram Bush 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 Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Bush				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 1883				
7. AGE	YEARS 56	MONTHS 4	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor			
	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)..... Cape Girardeau County, Missouri (STATE OR COUNTRY)				
FATHER	13. NAME Owen Bush			
	14. BIRTHPLACE (CITY OR TOWN)..... Unknown (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Mandy Blackburn			
	16. BIRTHPLACE (CITY OR TOWN)..... Unknown (STATE OR COUNTRY)			
17. INFORMANT Luther Bush (ADDRESS) Jackson, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont DATE Aug. 20, 1939				
19. FUNERAL DIRECTOR (NAME) F. J. Sparks (ADDRESS) Cape Girardeau, Mo.				
20. FILED 8-17-39 <i>m. Thompson</i> <i>Local Registrar</i>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/17/39** 19
 22. I HEREBY CERTIFY, That I attended deceased from **8/17/39**, 19....., to **8/17/39**, 19.....
 I last saw him alive on **8/17/39**. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemiplex
Cardio Renal Disease
 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? **None**
 (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) *L. Bush*, M. D.
 (Address) *Cape Girardeau, Mo.*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X16903

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.....

Frank Sparks....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank J. Sparks

Licensed Embalmer No. *3453*

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.