

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Webb Co.
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: James Chesser Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Albion
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Willet F. Bushy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Melba Bushy 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased. July 16, 1919
(Month) (Day) (Year)

8. AGE: Years 20 Months 4 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Webb City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business X

12. Name Jesse C. Bushy

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Frances Ann Means

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jesse C. Bushy
(b) Address Albion, Missouri

17. (a) Burial (b) Date thereof Dec 9, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Cemetery

18. (a) Signature of funeral director Walt P. ...
(b) Address Webb City, Mo. 64489
19. (a) DEC. 9, 39 (b) J.P. ...
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day Dec
year 1939 hour 3 minute 11 M.

21. I hereby certify that I attended the deceased from Dec 6, 1939 to Dec 7, 1939
that I last saw him alive on Dec 7, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Embolicism

Due to gun shot wound of heart

Due to 167

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations bullet wound of heart - left ventricle -
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 12-6-39

(c) Where did injury occur? Webb City Jasper Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Residence (Specify type of place)

While at work? _____ (e) Means of injury Refl.

23. Signature M.D. ... (M.D. or other) DO
Address 205 W. ... Date signed 12/11/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 6,

District File Number 140-49

Date Filed JAN. 5 1940

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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo.

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.