

Registration District No. 15

Primary Registration District No. 5018

Registrar's No. 4

1. PLACE OF DEATH:

- (a) County Andrew
 (b) City or town Rea mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days 200

8. (a) PRINT FULL NAME CAled L. Bush

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-14-6724

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

6. (b) Name of husband or wife Marie J. Bush 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 2 1881
 (Month) (Day) (Year)

8. AGE: Years 5'8 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Union Star mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name Robert R. Bush

13. Birthplace Union Star mo
 (City, town, or county) (State or foreign country)

14. Maiden name Maggie S. Shouse

15. Birthplace Deeble ce mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie J. Bush

(b) Address Rea mo

17. (a) Burial (b) Date thereof 2-26-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star

18. (a) Signature of funeral director L. B. Brent

(b) Address Lavannah mo

19. (a) Feb 29 1940 (b) Mrs E C Jeffares
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Andrew
 (c) City or town Rea mo
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23
 year 1940 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 2, 1940, to February 23, 1940 that I last saw him alive on February 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Arterio Sclerosis

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr A. M. Peter (M. D. or other) _____
 Address Rea mo Date signed 3-26-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM 517-39
 1 x 1931

K...
District No. 11;
District No. 840-342
Date Filed MAR 13 1948

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah ms

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.