2
0-39
39
21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27628
3262

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas City General 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 20 Years
years, months or days) John H. Bushong

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3821 Wyoming Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ------- years.

3. (a) PRINT FULL NAME JOHN H. BUSHONG

3. (b) If veteran, name war None

3. (c) Social Security No. 487-03-2183

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Catherine Bushong

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased October (Month) 31 (Day) 1901 (Year)

8. AGE: Years 38 Months 9 Days 16 If less than one day ___ hr. ___ min.

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

10. Usual occupation Barber - Own Shop

11. Industry or business 39th & Summit Street

FATHER
12. Name John A. Bushong
13. Birthplace Grundy County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mattie Maxon
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. J. H. Bushong
(b) Address 3821 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery Trenton, Missouri

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 18, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 8-16-40
year ___ hour ___ minute 7:50 P. M.

21. I hereby certify that I attended the deceased from ___ 19__, to ___, 19__;
that I last saw alive on ___, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Sodium flouride poisoning

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? Do not know (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify in public place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 C. Hervey Quisenb

Licensed Embalmer No. 4070

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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