

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.

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

39966
Do not use this space.

1. PLACE OF DEATH
(a) County Stone Registration District No. 845
(b) Township Ruth Primary Registration District No. 6108 Registered No. _____
(c) City Reeds-Spring (d) Street No. _____ 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 7 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annah L. Bush
(a) Residence, No. Reeds Springs 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.C. Bush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-9-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Pella, Iowa

FATHER 13. NAME John M. Towne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Ellen M. Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT William Powell
(ADDRESS) Cincinnati Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE Notch DATE 11--26-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Whelchel 762
Branson, Mo.

20. FILED 11/26 1940 W. S. Sherman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-40, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11-3-40, 1940, to 11-24-40, 1940

I last saw h. e. r. alive on 11-24-40, 1940. Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Hypertrophy of heart.

Date of onset

Other contributory causes of importance:

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, 1940

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 W. G. Cottrell

(Signed) W. P. Cottrell, M. D.

(Address) Reeds Spring, Mo.

RECEIVED

District Health Officer No. 6

District File Number

11K.O.D. 2948

Date Filed

DEC 6 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

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

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