

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 316

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
610 No. Osage
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 37 years

8. (a) PRINT FULL NAME HALLIE ROY BUSHART3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Dorrie B. Bushart 6. (c) Age of husband or wife if alive 53 years7. Birth date of deceased Nov. 19, 1885
(Month) (Day) (Year)8. AGE: Years 55 Months 0 Days 28 If less than one day _____ hr. _____ min.9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Chief Fireman11. Industry or business Municipal Light Dept.12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Dorrie B. Bushart(b) Address 610 No. Osage17. (a) Burial (b) Date thereof 12/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Woodlawn Cem18. (a) Signature of funeral director W. L. Book(b) Address Independence Mo.19. (a) Dec. 20, 40 (b) H. L. Book, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Independence
 (If outside city or town limits, write "RURAL")
 (d) Street No. 610 No. Osage
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1940 hour 9 minute 17 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw the deceased _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary OcclusionDue to Serum SclerosisOther conditions: (include pregnancy within 3 months of death) 1418

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? _____

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

23. Signature H. L. Book (M. D. or other) _____Address Independence Mo. Date signed _____

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

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. 3156

P. O. Address Sideb 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.