DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Dr. Evans

State File No. 3267

FEB 17 1941

Registration District No. 496 Primary Registration District No. 3020 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 121 W. Clark St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 In this community 70 years 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 5
(c) City or town Brookfield Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 121 W Clark 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WALTER C BUSHNELL
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 5 (Day) 1859 (Year)
8. AGE: Years 81 Months 5 Days 19 If less than one day hr. min.
9. Birthplace Pownal (City, town, or county) Vermont (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Harvey Bushnell
13. Birthplace Pownal (City, town, or county) Vermont (State or foreign country)
MOTHER
14. Maiden name Ruth Mason
15. Birthplace Pownal (City, town, or county) Vermont (State or foreign country)
16. (a) Informant's own signature Nellie A. Baker
(b) Address Amarillo, Texas.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill
18. (a) Signature of funeral director Hill Funeral Chapel
(b) Address Brookfield Mo
19. (a) Jan. 30 (Date received local registrar) (b) H L Thucas M. D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1941 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from Jan 18, 1941, to Jan 24, 1941; that I last saw him alive on Jan 23, 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pneumonia Meningitis | 2 days |
| Due to Left Lobar Pneumonia | 5 days |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) HS | |

Major findings:
Of operations
Of autopsy

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jane Evans (M. D. or other)
Address Brookfield Mo Date signed 1-26-41

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

## 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 J. W. Blacklock, Registered Apprentice No. ....., working under my personal supervision.

Signed J. W. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield

**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.**