

No. 2  
13-40  
7-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE RECORDS

**RECEIVED** FEB 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3673

Registration District No. 6 & 6

Primary Registration District No. 6856

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Ogark  
(b) City or town Rural - Barren Fork  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 1  
In this community 2.6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ogark 77  
(c) City or town Rural  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Cora Alice Bushong

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife C.W. Bushong 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased September 12 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name J.S. Barker

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Francis Boole

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant C.W. Bushong

(b) Address Almorha, Mo.

17. (a) Burial (b) Date thereof Jan. 11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bushong Cemetery

18. (a) Signature of funeral director J.B. McClure

(b) Address Gainesville, Mo

19. (a) Jan 3 1941 (b) Mrs. Riley Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1941 hour 3:30 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Oct. 10, 1940, to Jan. 10, 1941; that I last saw her alive on Nov. 15, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of the throat

Due to An attack of Tuberc

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) no

Major findings: Of operations none

Of autopsy none

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? 57A (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P.E. Bushong (M. D. or other) D

Address Gainesville, Mo Date signed 1-28-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 6,  
141-236

District File No. 141-236

Date Filed FEB 7 1941

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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, fact should be so stated above.