

No. 2
1-13-40
1-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7245

State File No. _____

FILED MAR 17 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH: Jasper Mo.
 (a) County Jasper
 (b) City or town Jasper
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Johns Hospital
 (If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution 8 (Specify whether
 In this community week
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
 (a) State No Record (b) County No Record
 (c) City or town No Record
 (If outside city or town limits, write "RURAL")
 (d) Street No. No Record
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Hershell Bussey
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 26
 year 1941 hour 1 minute 45 P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced No Record
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

that I last saw h _____ alive on did not see him alive, 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased No Record
 (Month) (Day) (Year)

Immediate cause of death Extensive second degree burns Duration 8 hrs
 Due to Exploding gas stove in hotel

8. AGE: Years about 78 Months 1 Days 7 If less than one day _____ hr. _____ min.

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace No Record 9
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____

10. Usual occupation Hitch Hiker
 11. Industry or business no Record

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

12. Name no Record 9
 13. Birthplace no Record
 (City, town, or county) (State or foreign country)

14. Maiden name no Record
 15. Birthplace no Record
 (City, town, or county) (State or foreign country)

16. (a) Informant Sam K. Hurebut
 (b) Address Jasper Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 22
 (b) Date of occurrence Feb 26, 41

17. (a) Burial (b) Date thereof 2/27/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? Jasper Jasper Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Private room of Hotel - 9057 Main

(c) Place: burial or cremation Fairview

While at work? no (Specify type of place) (e) Means of injury gas stove

18. (a) Signature of funeral director Hurebut Co
 (b) Address Jasper Mo.

23. Signature P. V. Webster (M. D. or other) Crown
 Address Carthage Mo Date signed Feb 26, 41

19. (a) 2-27-41 (b) Ed James
 (Date received local registrar) (Registrar's signature)

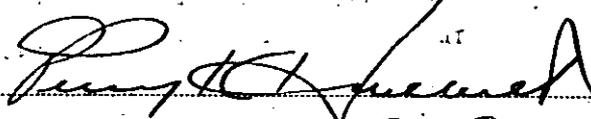
(Licensed Embalmer's Statement on Reverse Side)

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..... 

Licensed Embalmer No. 959

P. O. Address Joseph Lee

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.