

No. 2
-13-40
17-39
X23139

DECEASED MAY 12 1941

14094

State File No.

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 96

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 17 EAST 9th ST.
(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)

In this community 58 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

(c) City or town FULTON
(If outside city or town limits, write "RURAL")

(d) Street No. 17 EAST 9th
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME NELLIE Bush Smith

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife JOSEPH KIRK SMITH

6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased SEPTEMBER 23 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace DANVILLE O. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWORK

12. Name WILLIAM D. BUSH

13. Birthplace AMERICUS O. MO.
(City, town, or county) (State or foreign country)

14. Maiden name EMMA HWINQS

15. Birthplace WARREN CO., O. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. C. BUSH

(b) Address FULTON, MO.

17. (a) BURIAL (b) Date thereof APRIL 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILLCREAST

18. (a) Signature of funeral director Leg. J. Wallace

(b) Address Fulton, Mo.

19. (a) Apr. 3, 1941 (b) R. N. Crewe
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1941 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from 3:13, 1941, to 4:11, 1941;
that I last saw her alive on 4:11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to bronchial asthma

Due to _____

Other conditions 93W
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

years

years

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? _____

While at work? _____ (Specify type of place)

23. Signature Nancy Dunt (M. D. or other) Dr. D.

Address Fulton, Mo. Date signed 4/3/41

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

OCT 16 1941

BE

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 James O Mudd

Licensed Embalmer No. 4152

P. O. Address Fulton, 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, fact should be so stated above.