

No. 2  
1-4-41  
5-17-39  
X283

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson County

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

(c) Name of hospital or institution:  
Little Sisters of the Poor  
(If not in hospital or institution, write street number or location) 5

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 years & 7 Months (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Margaret Bushey

3. (b) If veteran, name war Non

3. (c) Social Security No. NO

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Bushey

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

7. Birth date of deceased December 11, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>71</u>	<u>70</u>	<u>8</u>	<u>11</u>	hr. min.

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

10. Usual occupation None

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

MOTHER FATHER

12. Name John Corrigan

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

14. Maiden name Margaret Lamb  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Sister Camille

(b) Address 5331 Highland Ave

17. (a) Burial (b) Date thereof Aug. 26, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Frank P. Robin

(b) Address 87 26/70 West Register

19. (a) 8/26/41 (b) Dr. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Highland  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22  
year 1941 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from July 18  
1941, to Aug 22 1941;  
that I last saw her alive on Aug 22 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Generalized Arterio-sclerosis  
Duration 1 week

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 9/4/41

Of operations \_\_\_\_\_

Of autopsy no

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)

(e) Means of injury \_\_\_\_\_

23. Signature John T. Skinner (M. D. or other) IMO  
Address 11402 Bryant Blvd Date signed 8-25-41

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..... *Harold Perry*.....  
Licensed Embalmer No..... *4097*.....  
P. O. Address..... *K.C., 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.**