

FILED APR 8 1942
713 714

Registration District No.

Primary Registration District No. 5943

Registrar's No. 28

1. PLACE OF DEATH:

(a) County. Pulaski
(b) City or town. Piney Township (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 15 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Roy James Bush

3. (b) If veteran, name war World War & Spanish Am. War
3. (c) Social Security No.

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

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

7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
hr. min.

9. Birthplace Not known
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
Farm

11. Industry or business

12. Name Not known

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

14. Maiden name Not known
"

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

16. (a) Informant Paul B. Hoops

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof March 14, '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS.
(b) Address CROCKER, Mo.

19. (a) max 2x-42 (b) L. Hoops m. P. O. L. Hoops
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from March 7 5:00 PM to March 10 4:00 PM
that I last saw him alive on March 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobes pneumonia bilateral

Due to: 108

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Paul Thompson (M.D.)

Address Crocker, Mo. Date signed March 23 1942

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

APR 30
RECEIVED

Pulaski County Health Officer

File Number 342-117

Date Filed 3-31-42

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

Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Grocker, 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.