DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

Registration District No. 104

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13865

Primary Registration District No. 5133

Registrar's No. 126

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Rural - St Aubert
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#6 Fulton, Mo
(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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Callaway
(c) City or town: Rural - St Aubert
(If outside city or town limits, write "RURAL")
(d) Street No.: R#6 Fulton Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: MOLLIE BUSH
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wm H. Bush
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: Feb (Month) 14 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	1	26	____ hr. ____ min.

9. Birthplace: Callaway County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: Same
MOTHER FATHER
12. Name: H. W. Waters
13. Birthplace: Georgia (City, town, or county) (State or foreign country)
14. Maiden name: Susan Love
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: W. H. Bush
(b) Address: Fulton, Missouri R.F.D. #6
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 12 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillcrest Cemetery Fulton
18. (a) Signature of funeral director: Leo. S. Wallace
(b) Address: Fulton, Missouri
19. (a) 4-12-42 (Date received local registrar) (b) Josie Mossinkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 10 year: 1942 hour: 5 minute: 20 M.
21. I hereby certify that I attended the deceased from 3-11, 1942 to 4-10, 1942 that I last saw her alive on 4-10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-vascular Hypertension with Pulmonary Congestion

Due to:

Due to:

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

Major findings:
Of operations:
Of autopsy:

Duration

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? No
(Specify type of place)
While at work? (e) Means of injury:
23. Signature: W. D. Payne (M. D. or other)
Address: R#6 Fulton Date signed: 4-11-42

1147 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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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, ~~under~~ ✓

✓, Registered Apprentice No. ✓,

working under my personal supervision.

Signed Owen Boggiss Jr.

Licensed Embalmer No. 53940

P. O. Address Fulton, Missouri

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, above space should be left blank.