S. No. ...
M—5-42
5-17-...
I X3...73

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36134

State File No. .....

Registration District No. FILED NOV 19 1942 249 Primary Registration District No. 1002 Registrar's No. 4041

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
22nd & Troost Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5607 Bonita Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -- 0

3. (a) PRINT FULL NAME WILLIAM CLARENCE BUSH

3. (b) If veteran, name war None

3. (c) Social Security No. 487-16-7665

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Mrs. Janet Bush

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Mar ch (Month) 7 (Day) 1889 (Year)

8. AGE: Years 53 Months 7 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Braymer Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Yard Man Cook

11. Industry or business Neil Barron Coal Company

FATHER
12. Name Richard Clarence Bush
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary Goodnight
15. Birthplace Indiana (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs. Janet R. Bush
(b) Address 5607 Bonita

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. W. Newcomer & Son
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-2-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1942 hour 7 minute 45 P.M. M.

21. I hereby certify that I attended the deceased from Coroner, 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of the aorta. extensive mediastinal hemorrhage. Bilateral hemothorax. Duration

Due to Automobile traumatism

Due to

Other conditions 1700 4
(Include pregnancy within 3 months of death)

Major findings:
Of operations 21

Of autopsy See above

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) accident 123

(b) Date of occurrence 10/30/42

(c) Where did injury occur? K.C. Mo. Jackson Co. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In street - 22nd & Troost (Specify type of place)

While at work no (e) Means of injury Struck by motor car.

23. Signature [signature] (M. D. or other)

Address K.C. Mo. Date signed 10/31/42

(Licensed Embalmer's Statement on Reverse Side)

Burial

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: Blaine E. Walsh

Licensed Embalmer No. 4075

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.