

WHITE 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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILE: JAN 20 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

1893

Registration District No. 43

Primary Registration District No. 45142

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Wardsburg (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wileyville, Mo. Rt 1 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether In this community Thomas township years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
 (c) City or town Wileyville, Mo. Rt 1 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Wiley Bush

8. (b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife Mary (P) Bush 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 17 1869 (Month) (Day) (Year)

8. AGE: 73 Years 7 Months 14 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation farm work

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Bush

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

MOTHER FATHER { 14. Maiden name Elsie Ann Watson

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

16. (a) Informant's own signature Charley Mason

(b) Address Wileyville Mo Rt 1

17. (a) Burial (b) Date thereof 1-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Stitts Cem.

18. (a) Signature of funeral director W. H. Juby

(b) Address Carington, Ark.

19. (a) 1-13-43 (b) Belle Hinne (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 1 1942 to Jan 11 1943 that I last saw him alive on Jan 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death angine pectoris

Due to myocardial changes

Due to chronic nephritis

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

Major findings: Of operations none / 31 f

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? L (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 W. H. Juby (M. D. or other) Wiley

Address Wileyville Date signed 1-12-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Office No. 2

District File Number 143-122

Date Filed 1-18-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.