

No. 2  
-5-42  
5-17-39  
X3

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25694

State File No. \_\_\_\_\_

FILED JUL 19 1943 6/1  
Registration District No. 226

Primary Registration District No. 5886

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Jackson 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)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

(c) City or town Drury-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 \_\_\_\_\_

3. (a) PRINT FULL NAME Hazel Bushong

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Orville Bushong 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 16 1910  
(Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife own home

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

12. Name Jim Crow

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

14. Maiden name Martha Redrick

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

16. (a) Informant Orville Bushong

(b) Address Drury Missouri

17. (a) Burial (b) Date thereof June 24 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bell Cemetery

18. (a) Signature of funeral director Friends

(b) Address \_\_\_\_\_

19. (a) June 29-1943 (b) Mrs. Riley Harris Young  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1943 hour 2 minute 0 P M.

21. I hereby certify that I attended the deceased from June 22 to June 24, 1943  
that I last saw her alive on June 23, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Post Partum Hemorrhage

Due to Stillbirth 4 days

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

Other conditions Antepartum Hemorrhage  
(Include pregnancy within 3 months of death)  
one week prior to Stillbirth

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 146 C

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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury Y

23. Signature M. J. Hoerman (M.D. or other) DO

Address Gardnerville, Mo Date signed 6/24/43

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

MOTHER FATHER

579

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 743-855

Date Filed Jul 26 1943

This body was not embalmed by request of the family.

**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, fact should be so stated above.**