

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27935

State File No. _____

LED SEP 13 1943

Registration District No. _____

Primary Registration District No. 5237

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Cedar Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME

NANNIE BUSH3. (b) If veteran,
name war no3. (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 Charles Bush 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feby 28 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 1 If less than one day
hr. _____ min. _____

9. Birthplace Car 1
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business

12. Name W.E.W. Williams
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Bush
(b) Address P. 2 Stockton Mo
17. (a) Burial (b) Date thereof 8-31-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation My Pleasant (cem)
18. (a) Signature of funeral director Gunn-Siders
(b) Address El Dorado Springs Mo
19. (a) 8/31/43 (b) L. J. Thraen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. CEDAR TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1943 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis ✓
Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury Crane

23. Signature W.E.W. Williams 3 (u.s. or other)
Address El Dorado Springs Date signed Sept 1 1943

(Licensed Embalmer's Statement on Reverse Side)

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

R

District File Number No. 7,

District File Number

Date Filed

8-43-937

9-11-43

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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1943
State File No.

Registration District No. 61 Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town _____
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Mannie Buck

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex F

5. Color or
race W

6. (a) Single, widowed, married,
divorced _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

Feb. 25 1886
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

11 less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
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(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 _____ (M. D. or other) _____

Address _____

Date signed _____

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

SUPPLEMENTARY

27935